

PART B: OPERATIONAL DEFINITIONS

An operational definition for each Healthy People 2010 objective related to reproductive health is shown in this section, organized by focus area. Some of the objectives have more than one statistical measure. For these objectives, operational definitions are shown separately for each measure. In this section both the Healthy People 2010 objectives and their subparts are referred to as “objectives.”

These definitions are provided to assist in the interpretation of the data presented for each Healthy People 2010 objective and to facilitate comparable measurement of these objectives by researchers from the national, State, and local government agencies as well as those from private organizations.

The first page of each focus area includes a list of objectives (short text) and subobjectives. The operational definitions include the following elements about the baseline data for each Healthy People 2010 objective and subobjective measure related to reproductive health:

- Full text of the objective
- National data source
- State data source
- Healthy People 2000 objective (see below)
- Leading Health Indicator (if applicable, see below)
- Type of measure (percent, rate, number, etc.)
- Baseline data
- Numerator
- Denominator
- Population targeted
- Survey questions used to obtain the data (if applicable)
- Expected periodicity (of the statistical measure)
- Additional comments

The reader is encouraged to refer to the complete volume *Tracking Healthy People 2010* for appendices listing Healthy People 2010 work group coordinators, abbreviations and acronyms, specific details on mortality objectives, and crosswalks between Healthy People 2010 and Healthy People 2000 objectives.

The operational definitions shown in this section are as complete as possible at the time of publication. For all relevant objectives with measurable Healthy People 2010 baseline data, the operational definition is complete, partially complete, or not known. If the operational definition is complete, all elements will be filled out appropriately. If the operational definition is either partially complete or not known, all available information is shown in the “Comments” area.

In each operational definition there is a description of the comparability of the objective to the Healthy People 2000 objectives. Each Healthy People 2010 objective measure is identified as either (a) identical to a Healthy People 2000 objective, identified with the Healthy People 2000 objective number; (b) identical to a Healthy People 2000 objective, except for a change in calculation methodology (for example, age adjustment to the 2000 standard



population where the comparable Healthy People 2000 objective was either not adjusted or adjusted to a different standard), identified with the Healthy People 2000 objective number and the new calculation methodology in parentheses; (c) adapted from a Healthy People 2000 objective, with changes in the type of measure, definition, or data source, identified with “adapted from Healthy People 2000 objective ___”; or (d) as having no counterpart in Healthy People 2000, identified with “Not applicable.”

If the objective was adapted from a Healthy People 2000 objective, the differences between the objectives are described in the Comments section of the operational definition. If the comparable Healthy People 2000 objective was duplicated in more than one priority area, the primary objective number is shown, with the duplicate objective numbers shown in parentheses.

Objective measures that have been designated as measures for the Leading Health Indicators will include an entry called “Leading Health Indicator” that will show the name of the Leading Health Indicator category (for example, Access to Care, Responsible Sexual Behavior).

Unless specifically noted otherwise, data for the numerator and denominator of the objective measures exclude unknown and refused responses. Where applicable, the questions used to obtain the national baseline data are shown in the operational definition. Items shown in italics with the symbol “▶” are actual questions from the original survey instrument. Interviewer instructions and other notes from the survey instrument are shown in italics without the symbol. Notes to guide the user that were not part of the original survey instrument are shown in brackets without italics.

Access to Quality Health Services

Clinical Preventive Care

- 1-2. Health insurance coverage for clinical preventive services
- 1-3. Counseling about health behaviors
 - 1-3a. Physical activity or exercise
 - 1-3b. Diet and nutrition
 - 1-3c. Smoking cessation
 - 1-3d. Reduced alcohol consumption
 - 1-3e. Childhood injury prevention: vehicle restraints and bicycle helmets
 - 1-3f. Unintended pregnancy
 - 1-3g. Prevention of sexually transmitted diseases
 - 1-3h. Management of menopause

Primary Care

- 1-7. Core competencies in health provider training

Clinical Preventive Care

- 1-2. (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.

Comments:

An operational definition could not be specified at the time of publication.

The proposed data source is the Medical Expenditure Panel Survey (MEPS), AHRQ (formerly AHCPR). The 1996 MEPS data are currently being analyzed and may provide baseline data on percent of persons with coverage for selected preventive services (well-child visits, immunizations, mammograms, cervical cancer screening, and adult physicals).

The numerator will be the number of persons who have coverage for clinical preventive services as part of their health insurance. The denominator will be the number of insured persons.

These data are based on an abstract of the respondents' insurance policies, rather than household reports.

This objective is a modification of Healthy People 2000 objective 21.4, which proposed to improve the financing and delivery of clinical preventive services.

Data will be collected periodically, with as much as a 3-year lag time in reporting these data.



Data that are collected periodically from policy booklets obtained from MEPS household respondents could be modified to collect information on a broader set of preventive services. Recommended services to track include childhood and adult immunizations; recommended cancer screening (breast, cervix, and colon); smoking cessation counseling; and contraceptive services.

1-3. Increase the proportion of persons appropriately counseled about health behaviors.

1-3a. (Developmental) Physical activity or exercise (adults aged 18 years and older).

Comments:

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 1.12, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about physical activity and was tracked using the Primary Care Providers Surveys, OPHS, ODPHP, and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year and is scheduled to be tracked using NHIS, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

1-3b. (Developmental) Diet and nutrition (adults aged 18 years and older).

Comments:

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 2.21, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about nutrition and diet; it was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year, who received counseling on diet and nutrition; the measure is scheduled to be tracked using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

1-3c. (Developmental) Smoking cessation (adult smokers aged 18 years and older).**Comments:**

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 3.16, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about smoking cessation, and was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year who are current smokers or who have quit smoking in the past 12 months; the measure is scheduled to be tracked using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

1-3d. (Developmental) Reduced alcohol consumption (adults aged 18 years and older with excessive alcohol consumption).**Comments:**

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 4.19, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about drug and alcohol use; it was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track adults aged 18 years and older with a physician visit in the past year who have reported excessive alcohol consumption; the measure is scheduled to be tracked using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

1-3e. (Developmental) Childhood injury prevention: vehicle restraints and bicycle helmets (children aged 17 years and under).**Comments:**

An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.



The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This objective is a modification of Healthy People 2000 objective 9.21, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about injury prevention; the objective was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine. This measure will track children aged 17 years and under who are reported to have had a physician visit in the past year and received counseling on the use of vehicle restraints and bicycle helmets, using the National Health Interview Survey, CDC, NCHS.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

1-3f. Unintended pregnancy (females aged 15 to 44 years).

National Data Source:	National Survey on Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 14.12 (Maternal and Infant Health) (also 5.10).
Measure:	Percent.
Baseline:	19 (1995).
Numerator:	Number of women aged 15 to 44 years with a physician visit in the past 12 months who received counseling on either birth control or getting sterilized.
Denominator:	Number of women aged 15 to 44 years with a physician visit in the past 12 months.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1995 National Survey on Family Growth:</p> <ul style="list-style-type: none"> ➤ <i>In the past 12 months, that is since (month/year), have you received any of the following birth control services from a doctor or other health care provider?</i> <li style="padding-left: 20px;"><i>Counseling about birth control or a prescription for a method?</i> <li style="padding-left: 20px;"><i>Counseling about getting sterilized?</i>
Expected Periodicity:	Periodic.
Comments:	<p>Women were considered to receive counseling if they responded “yes” to either receiving counseling about birth control or getting sterilized.</p> <p>This objective is a modification of Healthy People 2000 objective 14.12, which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about family planning; it was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine.</p> <p>See Part C for a description of NSFG.</p>

1-3g. (Developmental) Prevention of sexually transmitted diseases (males aged 15 to 49 years, females aged 15 to 44 years).

Comments: An operational definition could not be specified at time of publication.

The proposed national data source is the National Survey on Family Growth (NSFG), CDC, NCHS.

This objective is a modification of Healthy People 2000 objective 18.9 (also 19.14), which tracked the proportion of clinicians who counseled 81 to 100 percent of their patients about prevention of HIV and other sexually transmitted diseases; the objective was tracked using the Primary Care Providers Surveys, OPHS, ODPHP and the Prevention in Primary Care Study, American College of Preventive Medicine.

The 2001 NSFG will collect data on STD counseling for men aged 15 to 49 years. While the NSFG does collect data on family planning services for women aged 15 to 44 years [including the receipt of birth control services (including condoms)], specific questions on STD counseling among women currently are not included.

See Part C for a description of NSFG.

1-3h. (Developmental) Management of menopause (females aged 46 to 56 years).

Comments: An operational definition could not be specified at time of publication.

The proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS. The proposed State data source is the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

This measure is a modification of Healthy People 2000 objective 17.18, which tracked the proportion of perimenopausal women aged 40 to 60 years who were counseled about estrogen replacement therapy. This measure will track women aged 46 to 56 years who have had a physician visit in the past year and report that they have received counseling on management of menopause.

The proposed questions to be used to obtain the data are scheduled for inclusion in the 2001 NHIS.

Primary Care

1-7. (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.

Comments: An operational definition could not be specified at the time of publication.

The proposed national data source is the Adaptation of the Prevention Self-Assessment Analysis, ATPM.

Cancer

- 3-3. Breast cancer deaths
- 3-4. Cervical cancer deaths
- 3-10. Provider counseling about cancer prevention
- 3-10a. Internists—smoking cessation
- 3-10b. Family physicians—smoking cessation
- 3-10c. Dentists—smoking cessation
- 3-10d. Primary care providers—blood stool tests
- 3-10e. Primary care providers—proctoscopic examinations
- 3-10f. Primary care providers—mammograms
- 3-10g. Primary care providers—Pap tests
- 3-10h. Primary care providers—physical activity
- 3-11. Pap tests
- 3-11a. Ever received a Pap test
- 3-11b. Received a Pap test within the preceding 3 years
- 3-13. Mammograms

3-3. Reduce the breast cancer death rate.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective:	16.3 (Cancer), age adjusted to the 2000 standard population.
Measure:	Rate per 100,000 female population (age adjusted—see Comments).
Baseline:	27.9 (1998).
Numerator:	Number of female deaths due to breast cancer (ICD-9 code 174).
Denominator:	Number of females.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment, see <i>Tracking Healthy People 2010</i> , Part A, section 5.



This objective differs from Healthy People 2000 objective 16.3, which age adjusted the death rates using the 1940 standard population.

See Part C for a description of NVSS.

3-4. Reduce the death rate from cancer of the uterine cervix.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective:	16.4 (Cancer), age adjusted to the 2000 standard population.
Measure:	Rate per 100,000 female population (age adjusted—see Comments).
Baseline:	3.0 (1998).
Numerator:	Number of female deaths due to cancer of the uterine cervix (ICD-9 code 180).
Denominator:	Number of females.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment, see <i>Tracking Healthy People 2010</i> , Part A, section 5. This objective differs from Healthy People 2000 objective 16.4, which age adjusted the death rates using the 1940 standard population. See Part C for a description of NVSS.

3-10. Increase the proportion of physicians and dentists who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.

3-10a. Internists who counsel about smoking cessation.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objectives 16.10 and 3.16.

3-10b. Family physicians who counsel about smoking cessation.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objectives 16.10 and 3.16.

3-10c. Dentists who counsel about smoking cessation.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objectives 16.10 and 3.16.

3-10d. Primary care providers who counsel about blood stool tests.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objective 16.10.

3-10e. Primary care providers who counsel about proctoscopic examinations.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objective 16.10.

3-10f. Primary care providers who counsel about mammograms.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objective 16.10.

3-10g. Primary care providers who counsel about Pap tests.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objective 16.10.

3-10h. Primary care providers who counsel about physical activity.

Comments: A complete operational definition was not specified at the time of publication.

This objective is adapted from Healthy People 2000 objective 16.10.

3-11. Increase the proportion of women who receive a Pap test.**3-11a. Women aged 18 years and older who have ever received a Pap test.**

National Data Source: National Health Interview Survey (NHIS), CDC, NCHS.

State Data Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

Healthy People 2000 Objective: 16.12 (Cancer), age adjusted to the 2000 standard population.



Measure:	Percent (age adjusted—see Comments).
Baseline:	92 (1998).
Numerator:	Number of women aged 18 years and older who report ever receiving a Pap test.
Denominator:	Number of women aged 18 years and older.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1998 National Health Interview Survey: <ul style="list-style-type: none"> ➤ <i>Have you ever had a pap smear test?</i>
Expected Periodicity:	Periodic.
Comments:	Data include women without a uterine cervix. Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment, see <i>Tracking Healthy People 2010</i> Part A, section 5.
3-11b. Women aged 18 years and older who received a Pap test within the preceding 3 years.	
National Data Source:	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source:	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
Healthy People 2000 Objective:	16.12 (Cancer), age adjusted to the 2000 standard population.
Measure:	Percent (age adjusted—see Comments).
Baseline:	79 (1998).
Numerator:	Number of women aged 18 years and older who report receiving a Pap test within the past 3 years.
Denominator:	Number of women aged 18 years and older.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1998 National Health Interview Survey: <ul style="list-style-type: none"> ➤ <i>Have you ever had a pap smear test?</i> [If yes:] <i>When did you have your most recent pap smear test? Was it a year ago or less, more than 1 year but not more than two years, more than two years but not more than three years, more than three years but not more than five years, or over 5 years ago?</i>
Expected Periodicity:	Periodic.
Comments:	Data include women without a uterine cervix.

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment, see *Tracking Healthy People 2010* Part A, section 5.

3-13. Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.

National Data Source:	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source:	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
Healthy People 2000 Objective:	Adapted from 16.11 (Cancer).
Measure:	Percent (age adjusted—see Comments).
Baseline:	67 (1998).
Numerator:	Number of women aged 40 years and older who report receiving a mammogram within the past 2 years.
Denominator:	Number of women aged 40 years and older.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1998 National Health Interview Survey:</p> <p>➤ <i>A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate. Have you ever had a mammogram?</i></p> <p>[If yes:] <i>When did you have your most recent mammogram? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?</i></p>
Expected Periodicity:	Periodic.
Comments:	<p>Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment, see <i>Tracking Healthy People 2010</i> Part A, section 5.</p> <p>Although similar questions are used to measure this objective and the comparable Healthy People 2000 objective 16.11, the Healthy People 2010 focuses solely on mammograms received by women 40 years and older while the Healthy People 2000 objective measured women 50 years and older who received both mammograms and clinical breast examinations. Additionally, the data for the Healthy People 2010 objective are age adjusted while data for the Healthy People 2000 objective are unadjusted rates.</p>

Educational and Community-Based Programs

School Setting

- 7-2. School health education
- 7-2a. All components
- 7-2f. Alcohol and other drug use
- 7-2g. Unintended pregnancy, HIV/AIDS, and STD infection
- 7-3. Health-risk behavior information for college and university students

Health Care Setting

- 7-9. Health care organization sponsorship of community health promotion activities

Community Setting and Select Populations

- 7-11. Culturally appropriate and linguistically competent community health promotion programs
- 7-11a. Access to quality health services
- 7-11c. Cancer
- 7-11g. Educational and community-based programs
- 7-11i. Family planning
- 7-11l. Health communication
- 7-11n. HIV
- 7-11o. Immunizations and infectious diseases
- 7-11p. Injury and violence prevention
- 7-11q. Maternal, infant (and child) health
- 7-11y. Sexually transmitted diseases
- 7-11z. Substance abuse (alcohol and other drugs)

School Setting

- 7-2. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.

7-2a. All components

National Data Source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

State Data Source: School Health Education Profiles (SHEPS), CDC, NCCDPHP.

Healthy People 2000 Objective: Adapted from 8.4 (Educational and Community-Based Programs).



Measure:	Percent.
Baseline:	28 (1994).
Numerator:	Number of middle, junior, and senior high schools that provide health education on all key behavior and content areas.
Denominator:	Number of middle, junior, and senior high schools.
Population Targeted:	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data:	<p>From the 1994 School Health Policies and Programs Study:</p> <p>➤ <i>Now I'd like to ask which health education <u>topics</u> are taught in <u>any of the required courses that we've listed</u>. Please give me the numbers of the topics your school teaches at some time in required courses.</i></p> <ol style="list-style-type: none"> 1. <i>None of these topics</i> 2. <i>Alcohol and other drug use prevention</i> 3. <i>Conflict resolution/violence prevention</i> 4. <i>Dietary behaviors and nutrition</i> 5. <i>Environmental health</i> 6. <i>HIV prevention</i> 7. <i>Injury prevention and safety</i> 8. <i>Physical activity and fitness</i> 9. <i>Pregnancy prevention</i> 10. <i>Sexually transmitted disease (STD) prevention</i> 11. <i>Suicide prevention</i> 12. <i>Tobacco use prevention</i> 13. <i>Other (List additional topics here): _____</i>
Expected Periodicity:	Periodic.
Comments:	<p>A school is considered to provide health education on key risk behavior and content areas if they report having required courses on all the topics listed in the question above.</p> <p>This objective is adapted from a measure in Healthy People 2000 objective 8.4, which tracked the proportion of elementary and secondary schools that included instruction in six key behavioral areas (unintentional and intentional injury, tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, physical inactivity) in their health education program. The 2010 measure tracks middle, junior, and senior high schools: it excludes elementary schools. The 2010 measure also includes environmental health.</p>

7-2f. Alcohol and other drug use.

National Data Source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

State Data Source: School Health Education Profiles (SHEPS), CDC, NCCDPHP.

Healthy People 2000 Objective:	Adapted from 8.4 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	90 (1994).
Numerator:	Number of middle, junior, and senior high schools that provide health education on alcohol and other drug use prevention.
Denominator:	Number of middle, junior, and senior high schools.
Population Targeted:	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity:	Periodic.
Comments:	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on alcohol and other drug use prevention. See Comments provided with objective 7-2a for more information.

7-2g. Unintended pregnancy, HIV/AIDS, and STD infection.

National Data Source:	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.
State Data Source:	School Health Education Profiles (SHEPS), CDC, NCCDPHP.
Healthy People 2000 Objective:	Adapted from 8.4 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	65 (1994).
Numerator:	Number of middle, junior, and senior high schools that provide health education on (unintended) pregnancy prevention, HIV (AIDS) prevention, and sexually transmitted disease (STD) prevention.
Denominator:	Number of middle, junior, and senior high schools.
Population Targeted:	Middle, junior, and senior high schools.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-2a.
Expected Periodicity:	Periodic.
Comments:	A school is considered to provide health education on key risk behavior and content areas if they report having a required course on (unintended) pregnancy prevention, HIV (AIDS) prevention, and sexually transmitted disease (STD) prevention. See Comments provided with objective 7-2a for more information.



7-3. Increase the proportion of college and university students who receive information from their institution on each of the six priority health-risk behavior areas.

National Data Source:	National College Health Risk Behavior Survey (NCHRBS), CDC, NCCDPHP.
State Data Source:	Not identified.
Healthy People 2000 Objective:	8.5 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	6 (1995).
Numerator:	Number of undergraduate students who report that they have received information from their college or university on each of the six priority health-risk behavior areas.
Denominator:	Number of undergraduate college students in post-secondary institutions.
Population Targeted:	Undergraduate college students.
Questions Used To Obtain the National Data:	<p>From the 1995 National College Health Risk Behavior Survey:</p> <ul style="list-style-type: none"> ➤ <i>On which health topics have you ever received information from your college or university?</i> <ol style="list-style-type: none"> 1. <i>Tobacco use prevention</i> 2. <i>Alcohol and other drug use prevention</i> 3. <i>Violence prevention</i> 4. <i>Injury prevention and safety</i> 5. <i>Suicide prevention</i> 6. <i>Pregnancy prevention</i> 7. <i>Sexually transmitted disease (STD) prevention</i> 8. <i>AIDS or HIV infection prevention</i> 9. <i>Dietary behaviors and nutrition</i> 10. <i>Physical activity and fitness</i>
Expected Periodicity:	Periodic.
Comments:	<p>Students were considered as receiving information on each of the six priority health-risk behavior areas if they responded positively to <u>all</u> of the topics listed in the question above.</p> <p>The six priority health-risk behaviors are: injuries (intentional and unintentional), tobacco use, alcohol and illicit drug use, sexual behaviors that cause unintended pregnancies and sexually transmitted diseases, dietary patterns that cause disease, and inadequate physical activity.</p> <p>Postsecondary institutions include 2- and 4-year community colleges, private colleges, and universities.</p>

Health Care Setting

7-9. (Developmental) Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.

Comments:

An operational definition could not be specified at the time of publication.

A proposed data source is the American Hospital Association Survey. This annual survey does not include managed care organizations (MCOs), which are systems that integrate the financing and delivery of health care services to covered individuals by means of arrangements with selected providers to furnish health care services to members.

Proposed questions from the American Hospital Association Survey to be used to obtain the data are:

- *Does the hospital's mission statement include a focus on community benefit?*
- *Does the hospital have a long-term plan for improving the health of its community?*
- *Does the hospital have resources for its community benefits activities?*
- *Does the hospital work with other local providers, public agencies or community representatives to conduct a health status assessment of the community?*
- *Does the hospital work with other local providers, public agencies or community representatives to develop a written assessment of the appropriate capacity for health services in the community?*

[If yes:] Has the hospital used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community?

This objective is adapted from a measure in Healthy People 2000 objective number 8.12, which tracked the proportion of community hospitals that offer community health programs addressing the priority health needs of their communities. This measure will track the proportion of community hospitals, as well as managed care organizations, that provide community disease prevention and health promotion activities that address the priority health needs identified by their communities.

Managed care includes health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service (POS) plans.



Community Setting and Special Populations

7-11. Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

7-11a. (Developmental) Access to quality health services.

Comments:

An operational definition could not be specified at the time of publication.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for clinical preventive services for racial and ethnic minority populations. This measure will track the proportion of local health departments that have culturally appropriate and linguistically competent community health promotion programs that address access to quality health services for racial and ethnic minority populations.

Data from the 1996–97 National Profile of Local Health Departments on clinical preventive services are presented for illustrative purposes for the access to quality health services measure.

7-11c. Cancer.

National Data Source:

National Profile of Local Health Departments, NACCHO.

State Data Source:

National Profile of Local Health Departments, NACCHO.

Healthy People 2000 Objective:

8.11 (Educational and Community-Based Programs).

Measure:

Percent.

Baseline:

30 (1996–97).

Numerator:

Number of local health departments that provided culturally and linguistically appropriate cancer programs to their jurisdiction in the past year.

Denominator:

Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.

Questions Used To Obtain the National Data:

From the 1996–97 National Profile of Local Health Departments: [NUMERATOR:]

- *In the past year, which of the following programs and interventions were provided in your jurisdiction, either directly by your local health department or through a contractual agreement with another organization?*

[Programs:]

- (a) *Physical activities and fitness*
- (b) *Nutrition*
- (c) *Tobacco*
- (d) *Alcohol and other drugs*
- (e) *Family Planning*

- (f) *Mental health and mental disorders*
- (g) *Violent and abusive behavior*
- (h) *Educational and community-based programs*
- (i) *Unintentional injuries*
- (j) *Occupational safety and health*
- (k) *Environment health*
- (l) *Food and drug safety*
- (m) *Oral health*
- (n) *Maternal and infant health*
- (o) *Heart disease and stroke*
- (p) *Cancer*
- (q) *Diabetes and chronic disabling conditions*
- (r) *HIV infections*
- (s) *Sexually transmitted diseases*
- (t) *Immunization and infectious diseases*
- (u) *Clinical preventive services*
- (v) *Surveillance and data systems*
- (w) *Other (specify) _____*

[Interventions:]

Informational Materials

- (a) *Print*
- (b) *Audiovisual*

Public Service Announcement

- (a) *Radio*
- (b) *Television*

Internet

Community Outreach

On-site

- (a) *Individual Instruction*
- (b) *Group Instruction*
- Other (specify) _____*

- *In the past year, which of the following programs and interventions listed above were adapted and/or provided to meet the special language needs of any racial/minority group you serve, either directly by your local health department or through a contractual agreement with another organization?*
- *In the past year, which of the following programs and interventions listed above were adapted and/or provided to address the cultural differences of any racial/minority population you serve, either directly by your local health department or through a contractual agreement with another organization?*

[DENOMINATOR:]

- *Please indicate the percentages of the racial composition of your jurisdiction.*
 - (a) *Asian or Pacific Islander*
 - (b) *American Indian, Alaska native or Aleut*
 - (c) *Black*
 - (d) *White*
 - (e) *Other*



- Please indicate the percentages of the ethnic composition of your jurisdiction.
 - (a) Hispanic origin
 - (b) Not of Hispanic origin
 - (c) Unknown

Expected Periodicity: Periodic.

Comments: A local health department is classified as having a culturally appropriate and linguistically competent community program in the specific health area targeted by the objective if it indicated that in the past year:

- (1) it provided programs or interventions in the specific health area targeted by the objective (in the first question above);
- (2) the programs were adapted and/or provided to meet special language needs of racial/ethnic minorities (in the second question above); and,
- (3) the programs were adapted and/or provided to address cultural differences of racial/ethnic minorities (in the third question above).

Local health departments eligible for inclusion in this objective are those for which either the American Indian/Alaska Native, Asian/Pacific Islander, black/African American, or Hispanic populations comprise at least 10 percent of the total population in their jurisdiction.

This objective currently is being tracked in local health departments in which a racial or ethnic group constitutes at least 10 percent of the population. In future studies, by utilizing census data, local health departments that serve communities in which at least 3,000 people in the county indicate that their primary language is other than English or a similar population meets the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes also should be measured.

Culturally appropriate refers to an unbiased attitude and organizational policy that values cultural diversity in the population served; reflects an understanding of diverse attitudes, beliefs, behaviors, practices, and communication patterns that could be attributed to race, ethnicity, religion, socioeconomic status, historical and social context, physical or mental ability, age, gender, sexual orientation, or generations and acculturation status; an awareness that cultural differences may affect health and the effectiveness of health care delivery; and knowledge of disease prevalence in specific cultural populations, whether defined by race, ethnicity, socioeconomic status, physical or mental ability, gender, sexual orientation, age, disability, or habits.

Linguistically competent refers to skills to communicate effectively in the native language or dialect of the targeted population, taking into account general educational level, literacy, and language preferences.

In 1996–97, 151 local health departments reported that a program or intervention in the area of cancer was provided to its jurisdiction.

7-11g. Educational and community-based programs.

National Data Source:	National Profile of Local Health Departments, NACCHO.
State Data Source:	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective:	8.11 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	33 (1996–97).
Numerator:	Number of local health departments that provided culturally and linguistically appropriate education and community-based programs to their jurisdiction in the past year.
Denominator:	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity:	Periodic.
Comments:	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.

In 1996–97, 127 local health departments reported that a program or intervention in the area of education and community-based programs was provided to its jurisdiction.

7-11i. Family planning.

National Data Source:	National Profile of Local Health Departments, NACCHO.
State Data Source:	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective:	8.11 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	42 (1996–97).
Numerator:	Number of local health departments that provided culturally and linguistically appropriate family planning programs to their jurisdiction in the past year.
Denominator:	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-11c.



Expected Periodicity:	Periodic.
Comments:	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information. In 1996–97, 158 local health departments reported that a program or intervention in the area of family planning was provided to its jurisdiction.
7-11l. (Developmental) Health communication.	
Comments:	An operational definition could not be specified at the time of publication. This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. This measure will track the proportion of local health departments that have culturally appropriate and linguistically competent community health communication programs for racial and ethnic minority populations.
7-11n. HIV.	
National Data Source:	National Profile of Local Health Departments, NACCHO.
State Data Source:	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective:	8.11 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	45 (1996–97).
Numerator:	Number of local health departments that provided culturally and linguistically appropriate HIV programs to their jurisdiction in the past year.
Denominator:	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity:	Periodic.
Comments:	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information. In 1996–97, 170 local health departments reported that a program or intervention in the area of HIV was provided to its jurisdiction.

7-11o. Immunizations and infectious diseases.

National Data Source:	National Profile of Local Health Departments, NACCHO.
State Data Source:	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective:	8.11 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	48 (1996–97).
Numerator:	Number of local health departments with that provided culturally and linguistically appropriate immunizations and infectious disease programs to their jurisdiction.
Denominator:	Number of local health departments with at least 10 percent racial/ethnic population groups in their jurisdiction that offered immunizations and infectious disease programs.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity:	Periodic.
Comments:	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information. In 1996–97, 183 local health departments reported that a program or intervention in the area of immunizations and infectious diseases was provided to its jurisdiction.

7-11p. (Developmental) Injury and violence prevention.

Comments:	An operational definition could not be specified at the time of publication. This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations on violent and abusive behavior or unintentional injury. This measure includes only the proportion of local health departments that have culturally appropriate and linguistically competent community injury and violence prevention programs for racial and ethnic minority populations.
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7-11q. Maternal, infant (and child) health.

National Data Source:	National Profile of Local Health Departments, NACCHO.
State Data Source:	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective:	Adapted from 8.11 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	47 (1996–97).



Numerator:	Number of local health departments that provided culturally and linguistically appropriate maternal, infant and child health programs to their jurisdiction in the past year.
Denominator:	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity:	Periodic.
Comments:	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information. This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate maternal and infant health community health promotion programs for racial and ethnic minority populations. This measure tracks the proportion of local health departments that have culturally appropriate and linguistically competent community maternal, infant and child health programs for racial and ethnic minority populations. In 1996–97, 174 local health departments reported that a program or intervention in the area of maternal and infant health was provided to its jurisdiction.

7-11y. Sexually transmitted diseases.

National Data Source:	National Profile of Local Health Departments, NACCHO.
State Data Source:	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective:	8.11 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	41 (1996–97).
Numerator:	Number of local health departments that provided culturally and linguistically appropriate sexually transmitted diseases programs to their jurisdiction in the past year.
Denominator:	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity:	Periodic.
Comments:	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.

In 1996–97, 172 local health departments reported that a program or intervention in the area of sexually transmitted diseases was provided to its jurisdiction.

See Part C for a description of NPLHD and Appendix A for focus area contact information.

7-11z. Substance abuse (alcohol and other drugs).

National Data Source:	National Profile of Local Health Departments, NACCHO.
State Data Source:	National Profile of Local Health Departments, NACCHO.
Healthy People 2000 Objective:	Adapted from 8.11 (Educational and Community-Based Programs).
Measure:	Percent.
Baseline:	26 (1996–97).
Numerator:	Number of local health departments that provided culturally and linguistically appropriate substance abuse of alcohol and other drugs programs to their jurisdiction in the past year.
Denominator:	Number of local health departments with one or more minority racial/ethnic population groups comprising at least 10 percent of the population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 7-11c.
Expected Periodicity:	Periodic.
Comments:	See the definition of racial/ethnic composition, culturally appropriate, and linguistically competent provided with 7-11c for more information.

This measure is adapted from Healthy People 2000 objective 8.11, which tracked the proportion of local health departments that have established culturally and linguistically appropriate alcohol and other drug community health promotion programs for racial and ethnic minority populations. This measure tracks the proportion of local health departments that have culturally appropriate and linguistically competent substance abuse of alcohol and other drugs programs for racial and ethnic minority populations.

In 1996–97, 172 local health departments reported that a program or intervention in the area of substance abuse of alcohol and other drugs was provided to its jurisdiction.

Family Planning

- 9-1. Intended pregnancy
- 9-2. Birth spacing
- 9-3. Contraceptive use
- 9-4. Contraceptive failure
- 9-5. Emergency contraception
- 9-6. Male involvement in pregnancy prevention
- 9-7. Adolescent pregnancy
- 9-8. Abstinence before age 15 years
- 9-8a. Females
- 9-8b. Males
- 9-9. Abstinence among adolescents aged 15 to 17 years
- 9-9a. Females
- 9-9b. Males
- 9-10. Pregnancy prevention and sexually transmitted disease (STD) protection
- 9-10a. Condom at first Intercourse: Females
- 9-10b. Condom at first Intercourse: Males
- 9-10c. Condom plus hormonal method at first intercourse: Females
- 9-10d. Condom plus hormonal method at first intercourse: Males
- 9-10e. Condom at last intercourse: Females
- 9-10f. Condom at last intercourse: Males
- 9-10g. Condom plus hormonal method at last intercourse: Females
- 9-10h. Condom plus hormonal method at last intercourse: Males
- 9-11. Pregnancy prevention education
- 9-12. Problems in becoming pregnant and maintaining a pregnancy
- 9-13. Insurance coverage for contraceptive supplies and services

9-1. Increase the proportion of pregnancies that are intended.

National Data Sources: National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System (NVSS), CDC, NCHS; Abortion Provider Survey, The Alan Guttmacher Institute (AGI); Abortion Surveillance Data, CDC, NCCDPHP.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 5.2 (Family Planning).

Measure: Percent.

Baseline: 51 (1995).



Numerator:	Number of intended births among females aged 15 to 44 years.
Denominator:	Number of live births plus abortions among females aged 15 to 44 years.
Population Targeted:	U.S. resident population; U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1995 National Survey of Family Growth:</p> <ul style="list-style-type: none"> ➤ <i>Before you became pregnant this time, was the reason you did not use any birth control methods because you, yourself wanted to become pregnant?</i> ➤ <i>At the time you became pregnant, did you, yourself actually want to have a baby at some time?</i> ➤ <i>So would you say you became pregnant too soon, at about the right time, or later than you wanted?</i> <ol style="list-style-type: none"> 1) <i>Too soon</i> 2) <i>Right time</i> 3) <i>Later</i> 4) <i>Didn't care</i>

Expected Periodicity: Periodic.

Comments: Intended pregnancies include births that were wanted at the time of conception. Births that were wanted at the time of conception are those resulting from pregnancies that happened at the right time, later than wanted or those answering didn't care. All abortions are considered unintended pregnancies.

Estimates of pregnancies that were intended are derived from the following sources: (1) live births to U.S. residents in 1994; (2) the proportion of recent births that were intended according to the 1995 NSFG; and (3) estimates of induced abortions based on reports by CDC and The Alan Guttmacher Institute (AGI). AGI's national estimates of abortions, based on surveys it conducts of all known abortion providers, are distributed by age, race, marital status, and ethnicity according to estimates prepared by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), which are based on reports from State health departments.

The proportion of births intended (females who wanted to become pregnant and wanted to have a baby at sometime and became pregnant at the right time, later, or didn't care) from NSFG are applied to all resident live births, divided by all births and abortions combined.

Information about potential sources of error in the data sources have been published.^{1, 2, 3}

Known pregnancies that ended in fetal loss (for example, miscarriage, stillbirth, or ectopic pregnancy) are excluded. However, it was found that incorporating information on the

planning status of pregnancies resulting in fetal loss, as reported in the 1995 NSFG, had very little impact on the proportions shown.

This objective is adapted from a measure in Healthy People 2000 objective 5.2, which tracked the proportion of pregnancies that were unintended. This measure tracks the proportion of pregnancies that are intended.

See Part C for a description of NSFG and NVSS.

9-2. Reduce the proportion of births occurring within 24 months of a previous birth.

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Not applicable.
Measure:	Percent.
Baseline:	11 (1995).
Numerator:	Number of females aged 15 to 44 years whose most recent live birth occurred within 24 months of a previous live birth.
Denominator:	Number of females aged 15 to 44 years with at least one live birth.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1995 National Survey of Family Growth:</p> <ul style="list-style-type: none"> ➤ <i>How many times have you been pregnant altogether?</i> <p>[For each pregnancy:]</p> <ul style="list-style-type: none"> ➤ <i>In which of the ways did the pregnancy end?</i> <ul style="list-style-type: none"> (a) <i>Miscarriage</i> (b) <i>Still birth</i> (c) <i>Abortion</i> (d) <i>Ectopic or tubal pregnancy</i> (e) <i>Live birth by Cesarean section</i> (f) <i>Live birth by vaginal delivery</i> <p>[For each live birth:]</p> <ul style="list-style-type: none"> ➤ <i>On what date was (<u>baby's name</u>) born?</i>
Expected Periodicity:	Periodic.
Comments:	<p>A female is considered to have had a birth within 24 months of a previous birth if she had consecutive pregnancies ending in a live birth by Cesarean section or live birth by vaginal delivery.</p> <p>The interval between consecutive live births is derived from the date of birth.</p>



Vaginal delivery includes delivery through natural or induced labor.

Questions addressing how the pregnancy ended and date baby was born are repeated based on the number of pregnancies.

See Part C for a description of NSFG.

9-3. Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	5.12 (Family Planning).
Measure:	Percent.
Baseline:	93 (1995).
Numerator:	Number of at-risk females aged 15 to 44 years who currently use a method of contraception other than withdrawal.
Denominator:	Number of at-risk females aged 15 to 44 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1995 National Survey of Family Growth:</p> <p>[NUMERATOR:]</p> <p>➤ <i>Please write the methods you used each month on the calendar. I need to know about all the methods you used, so if you used more than one method, please write down all methods you used that month.</i></p> <ol style="list-style-type: none"> 1) Birth control pills 2) Condom 3) Partner's vasectomy 4) Diaphragm 5) Foam 6) Jelly or cream 7) Cervical cap 8) Suppository, insert 9) Today sponge 10) Female condom, vaginal pouch 11) IUD, Coil, Loop 12) Norplant 13) Depo-provera, Injectables 14) Morning after pill 15) Rhythm or safe period by calendar 16) Safe period by temperature, or cervical mucus test, or natural family planning 17) Withdrawal, pulling out 18) Respondent sterile 19) Partner sterile 20) Other method (specify)

[DENOMINATOR:]

- *Is the reason you are not using a method of birth control now because you, yourself, want to become pregnant as soon as possible?*
- *Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. Since (Date), have there been any times when you were not having intercourse at all for one month or more?*
- *What months and years were those?*

Expected Periodicity: Periodic.

Comments: A female (and her partner) is considered to be at risk of unintended pregnancy if there is a negative response to the denominator questions above on wanting to become pregnant (first question) or not having intercourse (second question).

“At risk” females are those who had intercourse in the 3 months prior to the survey who were not pregnant, nor seeking pregnancy, nor post partum, nor (themselves or partners) surgically or nonsurgically sterile.

“Currently using” refers to having used any contraceptive method (categories 1, 2, 4 through 16 above) other than sterilization or withdrawal in the month of the interview.

An unintended pregnancy is one that was not wanted at the time of conception or not wanted at all.

See Part C for a description of NSFG.

9-4. Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method.

National Data Sources: National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Patient Survey, The Alan Guttmacher Institute (AGI).

State Data Source: Not identified.

Healthy People 2000 Objective: 5.7 (Family Planning).

Measure: Percent.

Baseline: 13 (1995).

Numerator: Number of pregnancies that occur within the first 12 months of reported continuous use of a reversible contraceptive method among females aged 15 to 44 years, and their partners.

Denominator: Number of consecutive months that a reversible contraceptive method was used by females aged 15 to 44 years, and their partners.

Population Targeted: U.S. civilian, noninstitutionalized population.



**Questions Used To Obtain From the 1995 National Survey of Family Growth:
the National Data:**

- *Please write the methods you used each month on the calendar. I need to know about all the methods you used, so if you used more than one method, please write down all methods you used that month.*
 - 1) Birth control pills
 - 2) Condom
 - 3) Partner's vasectomy
 - 4) Diaphragm
 - 5) Foam
 - 6) Jelly or cream
 - 7) Cervical cap
 - 8) Suppository, insert
 - 9) Today sponge
 - 10) Female condom, vaginal pouch
 - 11) IUD, Coil, Loop
 - 12) Norplant
 - 13) Depo-provera, Injectables
 - 14) Morning after pill
 - 15) Rhythm or safe period by calendar
 - 16) Safe period by temperature, cervical mucus test, natural family planning
 - 17) Withdrawal, pulling out
 - 18) Respondent sterile
 - 19) Partner sterile
 - 20) Other method (specify)
- *How many months or weeks had you been pregnant when the baby was born/that pregnancy ended? (Note: this yields date pregnancy began.)*

From the 1994 Abortion Patient Survey:

- *Before you found out you were pregnant, what was the LAST contraceptive method that you used to prevent pregnancy, including rhythm, withdrawal or condoms?*
 - (a) Pill
 - (b) Condom, rubber (for males)
 - (c) Female condom, vaginal pouch
 - (d) Diaphragm with or without jelly or cream
 - (e) Sponge (TODAY)
 - (f) Foam/cream/jelly
 - (g) Suppository, insert (Semicid, Encara Oval)
 - (h) IUD, coil, loop
 - (i) Rhythm/natural family planning
 - (j) Withdrawal
 - (k) Norplant, implants in the arm
 - (l) Depo-Prevera, injectables, shot
 - (m) Emergency contraception/morning-after pill
 - (n) Other method (specify)
 - (o) Never used a method before this pregnancy
- *In what month and year did you stop using that method?*
 _____/_____Month Year

- *For about how many months in a row had you been using that method?*

Less than 1 month

1 month

2 months

3 months

4 months

5 months

6 months

7 months

8 months

9 months

10 months

11 months

12 months

13 months

14 months

15 months

16 months

17 months

18-24 months

25-26 months

27-28 months

29-36 months

37 or more months (3 or more years)

- *Had you ever used that method before the months specified above?*
- *Had you stopped using all methods to prevent pregnancy before you became pregnant this time?*

Expected Periodicity:

Periodic.

Comments:

Pregnancies include live births, miscarriages, or induced abortions.

Females are considered to have experienced pregnancy despite use of a reversible method if there was continuous method use (in 12-month intervals) and they became pregnant during a month of use of one or more of the following methods: birth control pills, condom (rubber), diaphragm, foam/jelly/cream, cervical cap, suppository, insert, Today™ sponge, female condom (vaginal pouch), IUD, coil, loop, Norplant, Depo-provera, injectables, withdrawal (pulling out), rhythm/natural family planning, or emergency contraception/morning-after pill.

NSFG data are adjusted for underreporting of abortions according to AGI's Abortion Patient Survey. Detailed information on adjustment procedure, contraceptive methods and failure rates have been published by AGI.⁴

See Part C for a description of NSFG.



9-5. (Developmental) Increase the proportion of health care providers who provide emergency contraception.

Comments: An operational definition could not be specified at the time of publication.

A proposed national data source is The Alan Guttmacher Institute (AGI).

9-6. (Developmental) Increase male involvement in pregnancy prevention and family planning efforts.

Comments: An operational definition could not be specified at the time of publication.

A proposed national data source is the National Survey of Family Growth (NSFG), CDC, NCHS.

Proposed questions to be used to obtain the data are scheduled to be included in the 2001 NSFG.

NSFG collect comparable data on males aged 15 to 49 years starting with data collected in 2001.

9-7. Reduce pregnancies among adolescent females.

National Data Sources: Abortion Provider Survey, The Alan Guttmacher Institute (AGI); Abortion Surveillance Data, CDC, NCCDPHP; National Vital Statistics System (NVSS), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS.

State Data Source: Not identified.

Healthy People 2000 Objective: 5.1 (Family Planning).

Measure: Rate.

Baseline: 68 (1996).

Numerator: Number of pregnancies among females aged 15 to 17 years.

Denominator: Number of adolescent females aged 15 to 17 years.

Population Targeted: U.S. civilian, noninstitutionalized population; U.S. resident population.

Questions Used To Obtain the National Data: From the 1995 National Survey of Family Growth:

➤ *(For fetal losses) In which of the ways did your pregnancy end?*

- 1) *Miscarriage*
- 2) *Stillbirth*

- 3) *Abortion*
- 4) *Ectopic or tubal pregnancy*
- 5) *Live birth by Cesarean section*
- 6) *Live birth by vaginal delivery*

[Responses 1 and 2 are used as indicators of fetal loss.]

Expected Periodicity: Periodic.

Comments: Adolescent pregnancies are the sum of all U.S. resident live births, induced abortions, and fetal losses to females aged 15 to 17 years.

Data on live births are counts of all births to U.S. residents occurring in the United States. Estimates of induced abortion are based on reports by CDC and The Alan Guttmacher Institute (AGI). AGI's national estimates of abortions, based on surveys it conducts of all known abortion providers, are distributed by age and race according to estimates prepared by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), based on reports of induced abortions from selected State health departments.

Estimates of fetal losses are estimates from the 1995 NSFG. Females participating in this survey were asked to report the dates and outcomes of each of their pregnancies in the past 5 years, including spontaneous fetal losses (miscarriages, stillbirths) from recognized pregnancies.

Fetal losses refer to pregnancies that end in miscarriage or stillbirth.

See Part C for a description of NSFG.

9-8. Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years.

9-8a. Females.

National Data Source: National Survey of Family Growth (NSFG), CDC, NCHS.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 5.4 (Family Planning) (also 18.3 and 19.9).

Measure: Percent.

Baseline: 81 (1995).

Numerator: Number of females aged 15 to 19 years who had no sexual intercourse with a male before age 15.

Denominator: Number of females aged 15 to 19 years.

Population Targeted: U.S. civilian, noninstitutionalized population.



Questions Used To Obtain the National Data: From the 1995 National Survey of Family Growth:

- *At any time in your life, have you ever had sexual intercourse with a man, that is, made love, had sex, or gone all the way?*

[If yes:] *Please look at the calendar and think back to the very first time in your life that you ever had sexual intercourse with a man. In what month and year was that?*

____Month ____Year

Expected Periodicity: Periodic.

Comments: Females are considered to have never had sexual intercourse before age 15 if they report that they either never had sexual intercourse with a male or their age at first intercourse was greater than 15 years.

This objective is adapted from Healthy People 2000 objective 5.4, which tracked the proportion of adolescents aged 15 to 17 years who engaged in sexual intercourse. This measure tracks the proportion of females aged 15 to 19 years who have never engaged in sexual intercourse.

See Part C for a description of NSFG.

9-8b. Males.

National Data Source: National Survey of Adolescent Males (NSAM), Urban Institute.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 5.4 (Family Planning) (also 18.3 and 19.9).

Measure: Percent.

Baseline: 79 (1995).

Numerator: Number of males aged 15 to 19 years who had no sexual intercourse with a female before age 15.

Denominator: Number of males aged 15 to 19 years.

Population Targeted: U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data: From the 1995 National Survey of Adolescent Males:

- *Have you ever had sexual intercourse with a female (sometimes this is called “making love,” “having sex” or “going all the way”)?*

[Followed by a question of when the intercourse occurred, similar to that used in objective 9.8a]

Expected Periodicity: Periodic.

Comments: Males are considered to have never had sexual intercourse before age 15 if they report that they either never had sexual intercourse with a female or their age at first intercourse was greater than 15 years.

This objective is adapted from Healthy People 2000 objective 5.4, which tracked the proportion of adolescents aged 15 to 17 years who engaged in sexual intercourse. This measure tracks the proportion of males aged 15 to 19 years who have never engaged in sexual intercourse.

NSFG will collect comparable data on males aged 15 to 49 years starting with data collected in 2001 and will thereby replace NSAM for tracking of this measure.

9-9. Increase the proportion of adolescents who have never engaged in sexual intercourse.

9-9a. Females.

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 5.4 (Family Planning) (also 18.3 and 19.9).
Measure:	Percent.
Baseline:	62 (1995).
Numerator:	Number of females aged 15 to 17 years who had never had sexual intercourse with a male.
Denominator:	Number of females aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1995 National Survey of Family Growth: <ul style="list-style-type: none"> ➤ <i>At any time in your life, have you ever had sexual intercourse with a man, that is, made love, had sex, or gone all the way?</i>
Expected Periodicity:	Periodic.
Comments:	This objective is adapted from Healthy People 2000 objective 5.4, which tracked the proportion of adolescents aged 15 to 17 years who engaged in sexual intercourse. This measure tracks the proportion of females aged 15 to 17 years who have never engaged in sexual intercourse. See Part C for a description of NSFG.

9-9b. Males.

National Data Source:	National Survey of Adolescent Males (NSAM), Urban Institute.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 5.4 (Family Planning) (also 18.3 and 19.9).
Measure:	Percent.



Baseline:	57 (1995).
Numerator:	Number of males aged 15 to 17 years who had never had sexual intercourse with a female.
Denominator:	Number of males aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1995 National Survey of Adolescent Males: <ul style="list-style-type: none"> ➤ <i>Have you ever had sexual intercourse with a female (sometimes this is called “making love,” “having sex” or “going all the way”)?</i>
Expected Periodicity:	Periodic.
Comments:	This objective is adapted from Healthy People 2000 objective 5.4, which tracked the proportion of adolescents aged 15 to 17 years who engaged in sexual intercourse. This measure tracks the proportion of males aged 15 to 17 years who have never engaged in sexual intercourse. NSFG will collect comparable data on males aged 15 to 49 years starting with data collected in 2001 and will thereby replace NSAM for tracking of this measure.

9-10. Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease.

9-10a. Condom at first intercourse: Females.

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 5.6 (Family Planning).
Measure:	Percent.
Baseline:	67 (1995).
Numerator:	Number of sexually experienced, unmarried females aged 15 to 17 years who used a condom at first intercourse.
Denominator:	Number of sexually experienced, unmarried females aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1995 National Survey of Family Growth: <ul style="list-style-type: none"> ➤ <i>What is your current marital status? Are you...</i> <ol style="list-style-type: none"> 1) <i>Married</i> 2) <i>Widowed</i> 3) <i>Divorced</i> 4) <i>Separated, because you and your husband are not getting along</i> 5) <i>Have you never been married?</i>

[Following a series of questions on when sexual intercourse with a man occurred and whether or not the sexual intercourse was voluntary:]

➤ *The very first time you ever used a birth control method, which method did you use? If you used more than one method that first time, please tell me about it.*

- 1) *Birth control pills*
- 2) *Condom*
- 3) *Partner's vasectomy*
- 4) *Diaphragm*
- 5) *Foam*
- 6) *Jelly or cream*
- 7) *Cervical cap*
- 8) *Suppository, insert*
- 9) *Today sponge*
- 10) *Female condom, vaginal pouch*
- 11) *IUD, Coil, Loop*
- 12) *Norplant*
- 13) *Depo-provera, Injectables*
- 14) *Morning after pill*
- 15) *Rhythm or safe period by calendar*
- 16) *Safe period by temperature, or cervical mucus test, natural family planning*
- 17) *Withdrawal, pulling out*
- 18) *Respondent sterile*
- 19) *Partner sterile*
- 20) *Other method (specify)*

➤ *Thinking again of the very first time you used a method of birth control, was it the first time you had intercourse?*

Expected Periodicity: Periodic.

Comments: Unmarried females are considered to have used a condom at first intercourse if they reported they were sexually active and partner used a condom (rubber) at their first intercourse.

Sexually experienced refers to females who had their first premarital voluntary intercourse in the past 5 years.

This objective is adapted from a measure in Healthy People 2000 objective 5.6, which tracked the proportion of sexually active, unmarried people aged 15 to 19 years who used contraception at first intercourse. This measure tracks the proportion of females aged 15 to 17 years who used a condom at first intercourse.

See Part C for a description of NSFG.

9-10b. Condom at first intercourse: Males.

National Data Source: National Survey of Adolescent Males (NSAM), Urban Institute.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 5.6 (Family Planning).

Measure: Percent.



Baseline:	72 (1995).
Numerator:	Number of sexually experienced, unmarried males aged 15 to 17 years who used a condom at first intercourse.
Denominator:	Number of sexually experienced, unmarried males aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1995 National Survey of Adolescent Males:</p> <p>[Following a question on marital status:]</p> <ul style="list-style-type: none"> ➤ <i>Have you ever had sexual intercourse with a female (sometimes this is called “making love,” “having sex” or “going all the way”)?</i> ➤ <i>That time (the first intercourse) did you, yourself, use any method of contraceptive to prevent pregnancy or sexually transmitted disease?</i> ➤ <i>What method did you use?</i> <ol style="list-style-type: none"> 1) <i>Condom, rubber</i> 2) <i>Withdrawal, pulling out</i> 3) <i>Combination of methods, specify</i> 4) <i>Other, specify</i>
Expected Periodicity:	Periodic.
Comments:	<p>Unmarried males are considered to have used a condom at first intercourse if they reported they were sexually active and used a condom (rubber) at their first intercourse.</p> <p>Sexually experienced refers to males aged 15 to 17 years who had ever had intercourse.</p> <p>NSFG will collect comparable data on males aged 15 to 49 years starting with data collected in 2001 and will thereby replace the NSAM for tracking of this measure.</p> <p>This objective is adapted from a measure in Healthy People 2000 objective 5.6, which tracked the proportion of sexually active, unmarried people aged 15 to 19 years who used contraception at most recent intercourse. This measure tracks the proportion of males aged 15 to 17 years who used a condom at first intercourse.</p>
9-10c. Condom plus hormonal method at first intercourse: Females.	
National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted 5.6 (Family Planning).

Measure:	Percent.
Baseline:	7 (1995).
Numerator:	Number of sexually experienced, unmarried females aged 15 to 17 years who used a condom plus hormonal method at first intercourse.
Denominator:	Number of sexually experienced, unmarried females aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 9-10a.
Expected Periodicity:	Periodic.
Comments:	<p>Unmarried females are considered to have used a condom and hormonal method at first intercourse if they reported they were sexually active; partner used a condom (rubber); and they used either birth control pills, Depo-provera injectables, Norplant implants, or morning-after pills at their first intercourse.</p> <p>Sexually experienced refers to females who had their first premarital voluntary intercourse in the past 5 years.</p> <p>This objective is adapted from a measure in Healthy People 2000 objective 5.6, which tracked the proportion of sexually active, unmarried people aged 15 to 19 years who used both an oral contraceptive and condom at most recent intercourse. This measure tracks the proportion of females aged 15 to 17 years who used a condom plus hormonal method at first intercourse.</p> <p>See Part C for a description of NSFG.</p>

9-10d. Condom plus hormonal method at first intercourse: Males.

National Data Source:	National Survey of Adolescent Males (NSAM), Urban Institute.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 5.6 (Family Planning).
Measure:	Percent.
Baseline:	8 (1995).
Numerator:	Number of sexually experienced, unmarried males aged 15 to 17 years who used a condom plus hormonal method at first intercourse.
Denominator:	Number of sexually experienced, unmarried males aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 9-10b.
Expected Periodicity:	Periodic.

**Comments:**

Unmarried males are considered to have used a condom and hormonal method at first intercourse if they reported they were sexually active; used a condom (rubber); and their partner used either pills, Norplant, or Depo-provera at their first intercourse.

Sexually experienced refers to males aged 15 to 17 years who had ever had intercourse.

NSFG will collect comparable data on males aged 15 to 49 years starting with data collected in 2001 and will thereby replace NSAM for tracking of this measure.

This objective is adapted from a measure in Healthy People 2000 objective 5.6, which tracked the proportion of sexually active students aged 15 to 17 years who used condom and birth control pill at most recent intercourse using the Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP. This measure tracks the proportion of males aged 15 to 17 years who used a condom plus hormonal method at first intercourse.

9-10e. Condom at last intercourse: Females.

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 19.10a (Sexually Transmitted Diseases) (also 18.4a).
Measure:	Percent.
Baseline:	39 (1995).
Numerator:	Number of sexually active, unmarried females aged 15 to 17 years who used a condom at last intercourse.
Denominator:	Number of sexually active, unmarried females aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1995 National Survey of Family Growth:</p> <ul style="list-style-type: none"> ➤ <i>What is your current marital status? Are you...</i> <ol style="list-style-type: none"> 1) <i>Married</i> 2) <i>Widowed</i> 3) <i>Divorced</i> 4) <i>Separated, because you and your husband are not getting along</i> 5) <i>Have you never been married?</i> <p>[Following a series of questions on when sexual intercourse with a man occurred:]</p> <ul style="list-style-type: none"> ➤ <i>The last time you had intercourse, did you or your partner use any method?</i>

➤ *Which methods?*

- 1) *Birth control pills*
- 2) *Condom*
- 3) *Partner's vasectomy*
- 4) *Diaphragm*
- 5) *Foam*
- 6) *Jelly or cream*
- 7) *Cervical cap*
- 8) *Suppository, insert*
- 9) *Today sponge*
- 10) *Female condom, vaginal pouch*
- 11) *IUD, Coil, Loop*
- 12) *Norplant*
- 13) *Depo-provera, Injectables*
- 14) *Morning after pill*
- 15) *Rhythm or safe period by calendar*
- 16) *Safe period by temperature, or cervical mucus test, natural family planning*
- 17) *Withdrawal, pulling out*
- 18) *Respondent sterile*
- 19) *Partner sterile*
- 20) *Other method (specify)*

Expected Periodicity: Periodic.

Comments: Unmarried females are considered to have used a condom at last intercourse if they reported they were sexually active and partner used a condom (rubber) at their last intercourse.

Sexually active refers to females who have had intercourse in the 3 months prior to interview.

This objective is adapted from a measure in Healthy People 2000 objective 19.10a, which tracked the proportion of sexually active, unmarried people aged 15 to 19 years who report their partner used a condom at last intercourse. This measure tracks the proportion of females aged 15 to 17 years who used a condom (male or female) at last intercourse.

See Part C for a description of NSFG.

9-10f. Condom at last intercourse: Males.

National Data Source: National Survey of Adolescent Males (NSAM), Urban Institute.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 19.10b (Sexually Transmitted Diseases) (also 18.4b).

Measure: Percent.

Baseline: 70 (1995).

Numerator: Number of sexually active, unmarried males aged 15 to 17 years who used a condom at last intercourse.

Denominator: Number of sexually active, unmarried males aged 15 to 17 years.



Population Targeted: U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data: From the 1995 National Survey of Adolescent Males:

[Following a question on marital status:]

➤ *Have you ever had sexual intercourse with a female (sometimes this is called “making love,” “having sex” or “going all the way”)?*

➤ *The last time you had intercourse with (Initials of partner) did you, yourself, use any method of contraception - that is, something to prevent pregnancy or sexually transmitted disease?*

➤ *What method did you use?*

- 1) *Condom, rubber*
- 2) *Withdrawal, pulling out*
- 3) *Combination of methods, specify*
- 4) *Other, specify*

The last time you had intercourse with (Initials of partner) did she use any contraceptive methods?

➤ *What method did she use?*

- 1) *Depo-provera*
- 2) *Diaphragm or cervical cap*
- 3) *Douching (washing out) after intercourse*
- 4) *Female condom*
- 5) *Spermicidal foam/jelly/cream or suppository*
- 6) *IUD, Coil, Loop*
- 7) *Norplant*
- 9) *Pill*
- 10) *Rhythm, or safe period by calendar*
- 11) *Sterilization*
- 12) *Today sponge*
- 13) *Vaginal contraceptive film or insert*
- 14) *Combination of methods, specify*
- 15) *Something else, specify*

Expected Periodicity: Periodic.

Comments: Unmarried males are considered to have used a condom at last intercourse if they reported they were sexually active and used a condom (rubber) at their last intercourse.

Sexually active refers to males who have had intercourse in the 3 months prior to interview.

NSFG will collect comparable data on males aged 15 to 49 years starting with data collected in 2001 and will thereby replace NSAM for tracking this measure.

This objective is adapted from a measure in Healthy People 2000 objective 19.10b, which tracked the proportion of sexually active, unmarried people aged 15 to 19 years who used a condom at last intercourse. This measure tracks the proportion of males

aged 15 to 17 years who used a condom (rubber) or partner used a female condom (vaginal pouch) at last intercourse.

9-10g. Condom plus hormonal method at last intercourse: Females.

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 5.6 (Family Planning).
Measure:	Percent.
Baseline:	7 (1995).
Numerator:	Number of sexually active, unmarried females aged 15 to 17 years who used a condom plus hormonal method at last intercourse.
Denominator:	Number of sexually active, unmarried females aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 9-10e.
Expected Periodicity:	Periodic.
Comments:	<p>Unmarried females are considered to have used a condom and hormonal method at last intercourse if they reported they were sexually active; partner used a condom (rubber); <u>and</u> they used either birth control pills, Depo-provera injectables, Norplant implants, or morning-after pills at their last intercourse.</p> <p>Sexually active refers to females who have had intercourse in the 3 months prior to interview.</p> <p>This objective is adapted from a measure in Healthy People 2000 objective 5.6, which tracked the proportion of sexually active students aged 15 to 19 years who used oral contraceptives and condom (by partner) at most recent intercourse. This measure tracks the proportion of females aged 15 to 17 years who used a condom (male or female) plus hormonal method at last intercourse.</p> <p>See Part C for a description of NSFG.</p>

9-10h. Condom plus hormonal method at last intercourse: Males.

National Data Source:	National Survey of Adolescent Males (NSAM), Urban Institute.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 5.6 (Family Planning).
Measure:	Percent.
Baseline:	16 (1995).
Numerator:	Number of sexually active, unmarried males aged 15 to 17 years who used a condom plus hormonal method at last intercourse.



Denominator:	Number of sexually active, unmarried males aged 15 to 17 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	See Questions Used To Obtain the National Data provided with 9-10f.
Expected Periodicity:	Periodic.
Comments:	<p>Unmarried males are considered to have used a condom and hormonal method at last intercourse if they reported they were sexually active; used a condom (rubber); <u>and</u> their partner used either pills, Norplant, or Depo-provera at last intercourse.</p> <p>Sexually active refers to males who have had intercourse in the 3 months prior to interview.</p> <p>NSFG will collect comparable data on males aged 15 to 49 years starting with data collected in 2001 and thereby replace NSAM for tracking this measure.</p> <p>This objective is adapted from a measure in Healthy People 2000 objective 5.6, which tracked the proportion of sexually active students aged 15 to 17 years who used birth control pills (by partner) and condom at most recent intercourse using the Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP. This measure tracks the proportion of males aged 15 to 17 years who used a condom (rubber) or partner used a female condom (vaginal pouch) plus hormonal method at last intercourse.</p>

9-11. Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 5.8 (Family Planning).
Measure:	Percent.
Baseline:	64 (1995).
Numerator:	Females aged 18 to 24 years who report having had formal instruction, before turning age 18 years, on all 4 reproductive health issues.
Denominator:	Number of females aged 18 to 24 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1995 National Survey of Family Growth:

[Question asked for each health topic:]

➤ *Now I'm interested in knowing about formal sex education you may have had. Before you were 18, did you have any formal instruction at school, church, a community center, or some other place about...*

1) *Method of birth control?*

2) *Sexually transmitted diseases?*

3) *How to prevent AIDS using safe sex practices?*

4) *Abstinence or how to say NO to sex?*

Expected Periodicity: Periodic.

Comments: Females are considered as having received formal instruction if they report they received formal sex education before age 18 years on all four topics: birth control, sexually transmitted diseases, safe sex practices, and abstinence.

This objective is adapted from a measure in Healthy People 2000 objective 5.8, which tracked the proportion of people aged 10 to 18 years who have discussed human sexuality, sexual abuse, and values surrounding sexuality, with their parents and/or have received information through another parentally endorsed source, such as youth, school or religious programs. This measure tracks the proportion of females aged 18 to 24 years who have received formal instruction, before turning age 18 years, on reproductive health issues, such as birth control methods, safer sex to prevent HIV, prevention of STDs, and abstinence.

See Part C for a description of NSFG.

9-12. Reduce the proportion of married couples whose ability to conceive or maintain a pregnancy is impaired.

National Data Source: National Survey of Family Growth (NSFG), CDC, NCHS.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 5.3 (Family Planning).

Measure: Percent.

Baseline: 13 (1995).

Numerator: Number of married females with impaired fecundity.

Denominator: Number of married females aged 15 to 44 years.

Population Targeted: U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data: From the 1995 National Survey of Family Growth:

➤ *What is your current marital status? Are you...*

1) *Married,*

2) *Widowed,*

3) *Divorced,*



- 4) *Separated, because you and your husband are not getting along,*
 5) *Have you never been married?*

[Following a series of questions to ALL respondents that address pregnancy, contraceptive use and periods of no sexual activity:]

- *Have you ever had both your tubes tied, cut, or removed? This procedure is often called a tubal ligation.*
- *Have you ever had a hysterectomy, that is, surgery to remove your uterus?*
- *Have you ever had both your ovaries removed?*
- *Have you ever had any other operation that makes it impossible for you to have another baby?*
- *As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?*
- *Has (name of husband/partner) ever had a vasectomy or any other operation that would make it impossible to father a baby in the future?*

[Nonsurgically sterile respondents are those who have not reported any operations for themselves, or if they are married or cohabiting, for their husbands/partners.] [For respondents who are nonsurgically sterile:]

- *Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have a baby?*
- *What about (name of husband/partner)? As far as you know, is it physically impossible for him to father a baby in the future?*

[If it is physically possible:]

- *Some women are physically able to have a baby, but have difficulty getting pregnant or carrying a baby to term. As far as you know, would you, yourself, have any difficulty getting pregnant or carrying a baby to term?*
- *As far as you know, does (name of male partner) have any difficulty fathering a baby?*
- *At any time has a medical doctor ever advised you to never become pregnant (again)?*

Expected Periodicity:

Periodic.

Comments:

Females are considered to have impaired fecundity if they reported they are married; and neither they nor their husband has had a sterilizing operation; or any one of the following:

(a) she and her husband are nonsurgically sterile and it is physically impossible for her to get pregnant or carry a baby to term, or for her husband to father a baby;

(b) it is physically difficult for her to get pregnant or carry a baby to term, or for her husband to father a baby;

(c) she has been advised by a doctor (for health reasons) not to become pregnant;

(d) she and her husband have been married for at least 36 consecutive months and have reported sexual activity without contraception for at least 36 consecutive months, and have had no pregnancies in that time period.

This objective is adapted from a measure in Healthy People 2000 objective 5.3, which tracked the prevalence of infertility. This measure tracks the proportion of married couples who are unable to conceive or maintain a pregnancy due to impaired fecundity.

See Part C for a description of NSFG.

9-13. (Developmental) Increase the proportion of health insurance policies that cover contraceptive supplies and services.

Comments:

An operational definition could not be specified at the time of publication.

A proposed data source is The Alan Guttmacher Institute (AGI).⁵

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4. Fu, H.; Darroch, J.E.; Haas, T.; et al. Contraceptive Failure Rates: New Estimates from the 1995 NSFG. *Family Planning Perspectives* 31(2):56-63, 1999. <<http://www.agi-usa.org/pubs/journals/3105699.html>>
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Health Communication

- 11-3. Research and evaluation of communication programs
- 11-6. Satisfaction with health care providers' communication skills

11-3. (Developmental) Increase the proportion of health communication activities that include research and evaluation.

Comments: An operational definition could not be specified at the time of publication.

Proposed sources of data for this objective are *Federal Register* notices, Grantmakers in Health, and the National Health Council.

11-6. (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

Comments: An operational definition could not be specified at the time of publication.

Proposed sources of data for this objective include the National Committee for Quality Assurance (NCQA); the Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP; the National Health Interview Survey (NHIS), CDC, NCHS; and industry surveys such as those conducted by FIND/SVP, Nielsen, and Jupiter Communications.

HIV

- 13-1. New AIDS cases
- 13-5. New HIV cases
- 13-6. Condom use
- 13-6a. Females aged 18 to 44 years
- 13-6b. Males aged 18 to 49 years
- 13-7. Knowledge of serostatus
- 13-9. HIV/AIDS, STD, and TB education in State prisons
- 13-10. HIV counseling and testing in State prisons
- 13-12. Screening for STDs and immunization for hepatitis B
- 13-14. HIV-infection deaths
- 13-15. Interval between HIV infection and AIDS diagnosis
- 13-17. Perinatally acquired HIV infection

13-1. Reduce AIDS among adolescents and adults.

National Data Source:	HIV/AIDS Surveillance System, CDC, NCHSTP.
State Data Source:	State HIV/AIDS Surveillance Programs.
Healthy People 2000 Objective:	18.2 (HIV infection).
Measure:	Rate per 100,000 population.
Baseline:	19.5 (1998).
Numerator:	Number of reported AIDS cases among adolescents and adults aged 13 years and older.
Denominator:	Number of adolescents and adults aged 13 years and older.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Adult HIV/AIDS Confidential Case Report, Form 50.42A, Rev. 7/93.
Expected Periodicity:	Annual.
Comments:	The AIDS case definition used by the HIV/AIDS Surveillance system for an AIDS case is provided by the CDC. ^{1, 2, 3, 4, 5, 6, 7} Data are adjusted for reporting delay. ¹



13-5. (Developmental) Reduce the number of cases of HIV infection among adolescents and adults.

Comments:

An operational definition could not be specified at the time of publication.

The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.

As of November 1, 1999, a total of 34 States and the U.S. Virgin Islands participate in HIV case surveillance with CDC. Combined, these areas represent approximately 42 percent of AIDS cases reported. It is expected that additional States will move to HIV case surveillance and release the data to CDC.

This objective is a modification of Healthy People 2000 objective 18.2, which tracked HIV prevalence using estimates based on data from a number of sources to derive estimates on HIV prevalence, including data from the National Health and Nutrition Examination Survey (NHANES), CDC, NCHS (for the total population), anonymous surveys conducted in STD clinics (for men who have sex with men), seroprevalence studies (for injecting drug users), and the Survey on Childbearing Women (for females giving birth).^{8,9} This measure will provide data based on HIV case surveillance reports from the HIV/AIDS Surveillance System.

13-6. Increase the proportion of sexually active persons who use condoms.

13-6a. Females aged 18 to 44 years.

National Data Source: National Survey of Family Growth (NSFG), CDC, NCHS.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 19.10 (Sexually Transmitted Diseases) (also 18.4).

Leading Health Indicator: Responsible Sexual Behavior.

Measure: Percent.

Baseline: 23 (1995).

Numerator: Number of sexually active, unmarried females aged 18 to 44 years who reported using a condom at last sexual intercourse.

Denominator: Number of sexually active, unmarried females aged 18 to 44 years.

Population Targeted: U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data: From the 1995 National Survey of Family Growth:

- *What is your current marital status? Are you...*
 - 1) *Married*
 - 2) *Widowed*
 - 3) *Divorced*
 - 4) *Separated, because you and your husband are not getting along*
 - 5) *Have you never been married?*

- *The last time you had intercourse, did you or your partner use any method?*

[If yes:]

Which methods?

- 1) *Birth control pills*
- 2) *Condom*
- 3) *Partner's vasectomy*
- 4) *Diaphragm*
- 5) *Foam*
- 6) *Jelly or cream*
- 7) *Cervical cap*
- 8) *Suppository, insert*
- 9) *Today sponge*
- 10) *Female condom, vaginal pouch*
- 11) *IUD, Coil, Loop*
- 12) *Norplant*
- 13) *Depo-provera, Injectables*
- 14) *Morning after pill*
- 15) *Rhythm or safe period by calendar*
- 16) *Safe period by temperature, or cervical mucus test, natural family planning*
- 17) *Withdrawal, pulling out*
- 18) *Respondent sterile*
- 19) *Partner sterile*
- 20) *Other method (specify)*

Expected Periodicity: Periodic.

Comments: Unmarried females are considered to have used a condom at last intercourse if they reported they had never been married, were sexually active, and either used a female condom (vaginal pouch) or partner used a condom (rubber) at their last intercourse.

Sexually active refers to females who have had intercourse in the 3 months prior to interview.

This objective is adapted from a measure in Healthy People 2000 objective 19.10, which tracked the proportion of sexually active, unmarried people aged 15 to 44 years who report their partner used a condom at last intercourse. This measure tracks the proportion of females aged 18 to 44 years who used a condom (male or female) at last intercourse.



This objective is one of the measures used to track the Responsible Sexual Behavior Leading Health Indicator.

See Part C for a description of NSFG.

13-6b. (Developmental) Males aged 18 to 49 years.

Comments:

An operational definition could not be specified at the time of publication.

The proposed national data source is the National Survey of Family Growth (NSFG), CDC, NCHS.

The current NSFG does not collect data on males. Starting in 2001, data for males aged 18 to 49 years will be collected and can track this objective.

See Part C for a description of NSFG.

13-7. (Developmental) Increase the number of HIV-positive persons who know their serostatus.

Comments:

An operational definition could not be specified at the time of publication.

The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.

This measure is a modification of Healthy People 2000 objective 18.8, which tracked the percent of positive HIV tests for which people returned for counseling. This measure will track the number of HIV positive persons who know their serostatus.

13-9. (Developmental) Increase the number of State prison systems that provide comprehensive HIV/AIDS, sexually transmitted diseases, and tuberculosis (TB) education.

Comments:

An operational definition could not be specified at time of publication.

The proposed national data source is the Biennial Survey of HIV, STD, and TB Prevention in Correctional Facilities, CDC, and NIJ.

13-10. (Developmental) Increase the proportion of inmates in State prison systems who receive voluntary HIV counseling and testing during incarceration.

Comments:

See Comments provided with objective 13-9 for more information.

13-12. (Developmental) Increase the proportion of adults in publicly funded HIV counseling and testing sites who are screened for common bacterial sexually transmitted diseases (STDs) (chlamydia, gonorrhea, and syphilis) and are immunized against hepatitis B virus.

Comments:

An operational definition could not be specified at the time of publication.

A proposed national and State data source is the HIV Counseling and Testing System (CTS), CDC, NCHSTP.

For STD screening, the proposed numerator is the number of HIV tests among persons aged 18 years and older visiting an STD, family planning, or prenatal/obstetric HIV counseling and testing site who also receive screening for common bacterial STDs.

For hepatitis B immunization, the proposed numerator is the number of HIV tests among persons aged 18 years and older visiting an STD, family planning, or prenatal/obstetric HIV counseling and testing site who receive a hepatitis B vaccination, according to Advisory Committee on Immunization Practices (ACIP) recommendations.

Screening for common bacterial STDs and immunizations against hepatitis B are not feasible in all publicly funded CTS sites, which may include sites without a primary care provider on the premises. HIV counseling and testing sites providing STD, family planning, or prenatal/obstetric care will be able to offer appropriate services to populations at risk.

CTS data are from publicly funded HIV counseling and testing sites provided in a variety of settings, including freestanding HIV counseling and testing sites (which offer anonymous tests, confidential tests, or both), STD clinics, family planning clinics, prenatal clinics, drug treatment centers, and correctional facilities (including long-term and short-term detention facilities).

Data are collected and analyzed at the level of an individual test encounter, without the identity of the client. A single client can have multiple tests recorded during 1 year. Sites that only report test encounters in summary records and not individual test encounters will not be included in the analysis.

13-14. Reduce deaths from HIV infection.

National Data Source: National Vital Statistics System (NVSS), CDC, NCHS.

State Data Source: State Vital Statistics.

Healthy People 2000 Objective: Not applicable.

Measure: Rate per 100,000 (age adjusted—see Comments).

Baseline: 4.9 (1998).



Numerator:	Number of deaths due to HIV infection (ICD-9 codes *042-*044).
Denominator:	Number of persons.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment, see <i>Tracking Healthy People 2010</i> Part A, section 5.</p> <p>Resident death data are based on information from death certificates filed in the 50 States and the District of Columbia.</p> <p>See Part C for a description of NVSS.</p>

13-15. (Developmental) Extend the interval of time between an initial diagnosis of HIV infection and AIDS diagnosis in order to increase years of life of an individual infected with HIV.

Comments:	<p>An operational definition could not be specified at the time of publication.</p> <p>The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.</p>
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13-17. (Developmental) Reduce new cases of perinatally acquired HIV infection.

Comments:	<p>An operational definition could not be specified at the time of publication.</p> <p>The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.</p>
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Immunization and Infectious Diseases

Diseases Preventable Through Universal Vaccination

- 14-3.** Hepatitis B in adults and high-risk groups
- 14-3a.** 19 to 24 years
- 14-3b.** 25 to 39 years
- 14-3c.** 40 years and older
- 14-3d.** Injection drug users
- 14-3e.** Heterosexually active persons
- 14-3f.** Men who have sex with men
- 14-3g.** Occupationally exposed workers

Infectious Diseases and Emerging Antimicrobial Resistance

- 14-9.** Hepatitis C

Vaccination Coverage and Strategies

- 14-28.** Hepatitis B vaccination among high-risk groups
- 14-28a.** Long-term hemodialysis patients
- 14-28b.** Men who have sex with men
- 14-28c.** Occupationally exposed workers

Diseases Preventable Through Universal Vaccination

- 14-3.** Reduce hepatitis B.

Adults

- 14-3a.** 19 to 24 years.

National Data Source: National Notifiable Disease Surveillance System (NNDSS), CDC, EPO.

State Data Source: National Notifiable Disease Surveillance System (NNDSS), CDC, EPO.

Healthy People 2000 Objective: Adapted from 20.3 (Immunization and Infectious Diseases).

Measure: Rate per 100,000 population.

Baseline: 24.0 (1997).

Numerator: Number of estimated cases of hepatitis B among persons aged 19 to 24 years.

Denominator: Number of persons aged 19 to 24 years.

Population Targeted: U.S. resident population.



Questions Used To Obtain National Data:	CDC Viral Hepatitis Case Record for Reporting of Patients the With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.
Expected Periodicity:	Annual.
Comments:	<p>To determine the estimated number of hepatitis B cases by year of age, the number of hepatitis B cases reported to NNDSS by year of age is multiplied by age-specific ratios of infections to reported cases and divided by the age-specific proportions of infections which are symptomatic.^{2, 3}</p> <p>To determine the estimated hepatitis B rate for a specific age group, the estimated number of cases for each year of age included in the group are added together and divided by the total population in that age group.</p> <p>This measure is a modification of its comparable Healthy People 2000 objective 20.3, which tracked all ages. This measure tracks specific age groups.</p>

14-3b. 25 to 39 years.

National Data Source:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO.
State Data Source:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO.
Healthy People 2000 Objective:	Adapted from 20.3 (Immunization and Infectious Diseases).
Measure:	Rate per 100,000 population.
Baseline:	20.2 (1997).
Numerator:	Number of estimated cases of hepatitis B among persons aged 25 to 39 years.
Denominator:	Number of persons aged 25 to 39 years.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Viral Hepatitis Case Record for Reporting of Patients With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.
Expected Periodicity:	Annual.
Comments:	See Comments provided with objective 14-3 for more information.

14-3c. 40 years and older.

National Data Source:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO.
State Data Source:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO.
Healthy People 2000 Objective:	Adapted from 20.3 (Immunization and Infectious Diseases).
Measure:	Rate per 100,000 population.
Baseline:	15.0 (1997).

Numerator:	Number of estimated cases of hepatitis B among persons aged 40 years and older.
Denominator:	Number of persons aged 40 years and older.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Viral Hepatitis Case Record for Reporting of Patients With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.
Expected Periodicity:	Annual.
Comments:	See Comments provided with objective 14-3 for more information.

High-risk groups

14-3d. Injection drug users.

National Data Sources:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Sentinel Counties Study of Viral Hepatitis, CDC, NCID.
State Data Sources:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Viral Hepatitis Surveillance Program.
Healthy People 2000 Objective:	20.3a (Immunization and Infectious Diseases).
Measure:	Number.
Baseline:	7,232 (1997).
Numerator:	Number of estimated hepatitis B cases multiplied by the proportion of hepatitis B cases reported to the Sentinel Counties Study of Viral Hepatitis that were attributable to injection drug use.
Denominator:	Not applicable.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Viral Hepatitis Case Record for Reporting of Patients With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.
Expected Periodicity:	Annual.
Comments:	<p>To determine the estimated number of hepatitis B cases occurring in injection drug users nationwide, the estimated total number of hepatitis B cases in all age groups (for complete description of the calculation method, see objective 14-3a Comments) is multiplied by the proportion of cases reported to Sentinel Counties Study of Viral Hepatitis that occurred in injection drug users.</p> <p>To obtain State-specific measures for this objective, local Viral Hepatitis Surveillance Program data are used to determine the estimated number of cases occurring in the State and the proportion attributable to injection drug use.</p>

14-3e. Heterosexually active persons.

National Data Sources:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Sentinel Counties Study of Viral Hepatitis, CDC, NCID.
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State Data Sources:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Viral Hepatitis Surveillance Program.
Healthy People 2000 Objective:	20.3b (Immunization and Infectious Diseases) (also part of 19.7).
Measure:	Number.
Baseline:	15,225 (1997).
Numerator:	Number of estimated hepatitis B cases multiplied by the proportion of new symptomatic hepatitis B cases reported to the Sentinel Counties Study of Viral Hepatitis that occurred among heterosexually active persons.
Denominator:	Not applicable.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Viral Hepatitis Case Record for Reporting of Patients With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.
Expected Periodicity:	Annual.
Comments:	<p>To determine the estimated number of hepatitis B cases occurring in heterosexually active persons nationwide, the estimated total number of hepatitis B cases in all age groups (for complete description of the calculation method, see objective 14-3a Comments) is multiplied by the proportion of cases reported to Sentinel Counties Study of Viral Hepatitis that occurred in heterosexually active persons.</p> <p>To obtain State-specific measures for this objective, local Viral Hepatitis Surveillance Program data are used to determine the estimated number of cases occurring in the State and the proportion attributable to heterosexual activity.</p>

14-3f. Men who have sex with men.

National Data Sources:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Sentinel Counties Study of Viral Hepatitis, CDC, NCID.
State Data Sources:	National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Viral Hepatitis Surveillance Program.
Healthy People 2000 Objective:	20.3c (Immunization and Infectious Diseases) (also part of 19.7).
Measure:	Number.
Baseline:	7,232 (1997).
Numerator:	Number of estimated hepatitis B cases multiplied by the proportion of hepatitis B cases reported to the Sentinel Counties Study of Viral Hepatitis that were attributable to male homosexual behavior.
Denominator:	Not applicable.

Population Targeted: U.S. resident population.

Questions Used To Obtain the National Data: CDC Viral Hepatitis Case Record for Reporting of Patients With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.

Expected Periodicity: Annual.

Comments: To determine the estimated number of hepatitis B cases occurring in homosexual males nationwide, the estimated total number of hepatitis B cases in all age groups (for complete description of the calculation method, see objective 14-3a Comments) is multiplied by the proportion of cases reported to Sentinel Counties Study of Viral Hepatitis that occurred in homosexual males.

To obtain State-specific measures for this objective, local Viral Hepatitis Surveillance Program data are used to determine the estimated number of cases occurring in the State and the proportion attributable to male homosexual activity.

14-3g. Occupationally exposed workers.

National Data Sources: National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Sentinel Counties Study of Viral Hepatitis, CDC, NCID.

State Data Sources: National Notifiable Disease Surveillance System (NNDSS), CDC, EPO; Viral Hepatitis Surveillance Program.

Healthy People 2000 Objective: 20.3e (Immunization and Infectious Diseases) (also 10.5).

Measure: Number.

Baseline: 249 (1997).

Numerator: Number of estimated hepatitis B cases multiplied by the proportion of hepatitis B cases reported to the Sentinel Counties Study of Viral Hepatitis that were attributed to occupational exposure.

Denominator: Not applicable.

Population Targeted: U.S. resident population.

Questions Used To Obtain the National Data: CDC Viral Hepatitis Case Record for Reporting of Patients With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.

Expected Periodicity: Annual.

Comments: To determine the estimated number of hepatitis B cases occurring in occupationally exposed workers nationwide, the estimated total number of hepatitis B cases in all age groups (for a complete description of the calculation method, see objective 14-3a Comments) is multiplied by the proportion of cases reported to Sentinel Counties Study of Viral Hepatitis that occurred in occupationally exposed workers.

To obtain State-specific measures for this objective, local Viral Hepatitis Surveillance Program data are used to determine the estimated number of cases occurring in the State and the proportion attributable to occupational exposure.



Infectious Diseases and Emerging Antimicrobial Resistance

14-9. Reduce hepatitis C.

National Data Source: Sentinel Counties Study of Viral Hepatitis, CDC, NCID.

State Data Source: Viral Hepatitis Surveillance Program, CDC, NCID.

Healthy People 2000 Objective: 20.3 (Immunization and Infectious Diseases).

Measure: Rate per 100,000 population.

Baseline: 2.4 (1996).

Numerator: Number of new symptomatic hepatitis C cases.

Denominator: Number of persons.

Population Targeted: U.S. resident population.

Questions Used To Obtain the National Data: CDC Viral Hepatitis Case Record for Reporting of Patients With Symptomatic Acute Viral Hepatitis, Form 53.1, Rev. 06/93.

Expected Periodicity: Annual.

Comments: A case definition for new symptomatic cases of hepatitis C is available from CDC.¹

To estimate the incidence of new symptomatic hepatitis C, the incidence rate of reported non-A, non-B hepatitis per 100,000 population in the sentinel counties is multiplied by an underreporting adjustment factor of 2.4 and then by the factor of 0.9, the proportion of non-A, non-B hepatitis that is attributable to hepatitis C virus (HCV) infection, weighted to the U.S. population. The estimates from sentinel counties are then weighted to the U.S. resident population.

Because reporting of new symptomatic hepatitis C to national surveillance systems has been unreliable to date, the national incidence of hepatitis C is based on cases reported through the Sentinel Counties Study of Viral Hepatitis.

Vaccination Coverage and Strategies

14-28. Increase hepatitis B vaccine coverage among high-risk groups.

14-28a. Long-term hemodialysis patients.

National Data Source: Annual Survey of Chronic Hemodialysis Centers, CDC, NCID and HCFA.

State Data Source: Not identified.

Healthy People 2000 Objective: Not applicable.

Measure: Percent.

Baseline: 35 (1995).

Numerator: Number of patients receiving chronic hemodialysis who have ever received at least three doses of hepatitis B vaccine.

Denominator: Number of patients receiving chronic hemodialysis.

Population Targeted: U.S. chronic hemodialysis patient population.

Questions Used To Obtain the National Data: From the 1995 Annual Survey of Chronic Hemodialysis Centers:

- *How many patients were assigned to your hemodialysis center as of (date of survey)?*
- *How many of these patients had ever in their lives received at least 3 doses of hepatitis B vaccine?*

Expected Periodicity: Annual.

14-28b. Men who have sex with men.

Comments: A complete operational definition was not provided at the time of publication.

The national data source is the Young Men’s Survey, National Center for HIV, STD, and TB Prevention, CDC, NCHSTP.

This objective is comparable to one of the measures in Healthy People 2000 objective 20.11 (Immunization and Infectious Diseases).

14-28c. Occupationally exposed workers.

National Data Source: Periodic Vaccine Coverage Surveys, CDC, NCID (See Comments).

State Data Source: Not identified.

Healthy People 2000 Objective: 20.11 (Immunization and Infectious Diseases) (also 10.9).

Measure: Percent.

Baseline: 71 (1995).

Numerator: Number of health care workers reported by participating facilities to have received at least three doses of hepatitis B vaccine.

Denominator: Number of health care workers employed at participating facilities.

Population Targeted: U.S. health care worker population.

Questions Used To Obtain the National Data: From the 1995 survey:^{4, 5}

- *How many full-time and part-time staff who had direct contact with patients were employed at your center?*
- *How many of these staff had ever received at least 3 doses of hepatitis B vaccine?*



Expected Periodicity: Periodic.

Comments: Methodology on measuring this objective has been previously published.^{4, 5}

The expected periodicity for measuring this objective is every 5 years.

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Injury and Violence Prevention

Violence and Abuse Prevention

15-34. Physical assault by intimate partners

15-35. Rape or attempted rape

15-36. Sexual assault other than rape

Violence and Abuse Prevention

15-34. Reduce the rate of physical assault by current or former intimate partners.

National Data Source: National Crime Victimization Survey (NCVS), DOJ, BJS.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 7.5 (Violent and Abusive Behavior).

Measure: Rate per 1,000 population.

Baseline: 4.4 (1998).

Numerator: Number of persons aged 12 years and older who report being threatened or assaulted by current or former spouse, boyfriend, or girlfriend.

Denominator: Number of persons aged 12 years and older.

Population Targeted: Noninstitutionalized population.

Questions Used To Obtain the National Data: From the 1998 National Crime Victimization Survey:

- *Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways:*
 - a) *With any weapon, for instance, a gun or knife*
 - b) *With anything like a baseball bat, frying pan, scissors or stick*
 - c) *By something thrown, such as a rock or bottle*
 - d) *Include any grabbing, punching, or choking*
 - e) *Any rape, attempted rape or other type of sexual attack*
 - f) *Any face-to-face threats*
- OR*
- g) *Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain that it was a crime. (Briefly describe incident.)*



➤ *People often don't think of incidents committed by someone they know. (Other than incidents already mentioned) did you have something stolen from you OR were you attacked or threatened by (Exclude telephone threats)...*

- a) *Someone at work or school*
- b) *A neighbor or friend*
- c) *A relative or family member*
- d) *Any other person you've met or known?*
(Briefly describe incident.)

Expected Periodicity: Annual.

Comments: This objective differs from Healthy People 2000 objective 7.5, which included females only.

15-35. Reduce the annual rate of rape or attempted rape.

National Data Source: National Crime Victimization Survey (NCVS), DOJ, BJS.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 7.7 (Violent and Abusive Behavior).

Measure: Rate per 1,000 population.

Baseline: 0.8 (1998).

Numerator: Number of persons aged 12 years and older who reported being raped or a victim of an attempted rape.

Denominator: Number of persons aged 12 years and older.

Population Targeted: Noninstitutionalized population.

Questions Used To Obtain the National Data: From the 1998 National Crime Victimization Survey:

➤ *Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways: [Response categories include:] Any rape, attempted rape, or other type of sexual attack? (Briefly describe the incident.)*

Expected Periodicity: Annual.

Comments: This objective differs from Healthy People 2000 objective 7.7, which included females only.

15-36. Reduce sexual assault other than rape.

National Data Source: National Crime Victimization Survey (NCVS), U. S. Department of Justice, Bureau of Justice Statistics.

State Data Source: Not identified.

Healthy People 2000 Objective: Not applicable.

Measure:	Rate per 1,000 population.
Baseline:	0.6 (1998).
Numerator:	Number of persons aged 12 years and older who report being threatened or physically assaulted in a sexual way other than rape.
Denominator:	Number of persons aged 12 years and older.
Population Targeted:	Noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1998 National Crime Victimization Survey: ➤ <i>Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways: [Response categories include:] Any rape, attempted rape, or other type of sexual attack? (Briefly describe the incident.)</i>
Expected Periodicity:	Annual.
Comments:	Sexual assaults include sexual attacks or threats other than rape or attempted rape against males and females.

Maternal, Infant, and Child Health

Fetal, Infant, Child, and Adolescent Deaths

- 16-3.** Adolescent and young adult deaths
- 16-3a.** Adolescents aged 10 to 14 years
- 16-3b.** Adolescents aged 15 to 19 years
- 16-3c.** Young adults aged 20 to 24 years

Maternal Deaths and Illnesses

- 16-4.** Maternal deaths
- 16-5.** Maternal illness and complications due to pregnancy
- 16-5a.** During labor and delivery
- 16-5b.** Ectopic pregnancies
- 16-5c.** Postpartum complications

Prenatal Care

- 16-6.** Prenatal care
- 16-6a.** First trimester
- 16-6b.** Early and adequate

Developmental Disabilities and Neural Tube Defects

- 16-16.** Optimum folic acid levels
- 16-16a.** Folic acid consumption
- 16-16b.** Median RBC folate levels

Prenatal Substance Exposure

- 16-17.** Prenatal substance exposure
- 16-17a.** Alcohol
- 16-17b.** Binge drinking
- 16-17c.** Cigarette smoking
- 16-17d.** Illicit drugs

Fetal, Infant, Child, and Adolescent Deaths

- 16-3.** Reduce deaths of adolescents and young adults.

- 16-3a.** Adolescents aged 10 to 14 years.

National Data Source: National Vital Statistics System (NVSS), CDC, NCHS.

State Data Source: National Vital Statistics System (NVSS), CDC, NCHS.

Healthy People 2000 Not applicable.

Objective:



Measure:	Rate per 100,000 population.
Baseline:	22.1 (1998).
Numerator:	Number of deaths among adolescents aged 10 to 14 years.
Denominator:	Number of adolescents aged 10 to 14 years.
Targeted Population:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	See Part C for a description of NVSS.

16-3b. Adolescents aged 15 to 19 years.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective:	Not applicable.
Measure:	Rate per 100,000 population.
Baseline:	70.6 (1998).
Numerator:	Number of deaths among adolescents aged 15 to 19 years.
Denominator:	Number of adolescents aged 15 to 19 years.
Targeted Population:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	See Part C for a description of NVSS.

16-3c. Young adults aged 20 to 24 years.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective:	Not applicable.
Measure:	Rate per 100,000 population.
Baseline:	95.3 (1998).
Numerator:	Number of deaths among young adults aged 20 to 24 years.
Denominator:	Number of young adults aged 20 to 24 years.
Targeted Population:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.

Expected Periodicity:	Annual.
Comments:	See Part C for a description of NVSS.

Maternal Deaths and Illnesses

16-4. Reduce maternal deaths.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective:	14.3 (Maternal and Infant Health).
Measure:	Ratio per 100,000 live births.
Baseline:	7.1 (1998).
Numerator:	Number of female deaths due to obstetric causes (ICD-9 codes 630 to 676) within 42 days of a pregnancy.
Denominator:	Number of live births.
Targeted Population:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>Caution should be used when comparing these data with pregnancy-related mortality rates from other reports. NCHS uses the definition of maternal mortality and related coding conventions recommended in the ICD-9 by the World Health Organization. Other definitions may use different time intervals from pregnancy to death and may be more inclusive with regard to cause of death.</p> <p>A description of the maternal mortality measurement has been published by NCHS.²</p> <p>See Part C for a description of NVSS.</p>

16-5. Reduce maternal illness and complications due to pregnancy.

16-5a. Maternal complications during hospitalized labor and delivery.

National Data Source:	National Hospital Discharge Survey (NHDS), CDC, NCHS.
State Data Source:	State hospital discharge data systems.
Healthy People 2000 Objective:	Adapted from 14.7 (Maternal and Infant Health).
Measure:	Rate per 100 deliveries.
Baseline:	31.2 (1998).



Numerator:	Number of hospital discharges for females with any listed diagnosis of maternal complications during labor/delivery (see Comments).
Denominator:	Number of hospital discharges for females who delivered one or more infants (principal diagnosis of ICD-9-CM code V27).
Targeted Population:	U.S. civilian population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>This objective was adapted from Healthy People 2000 objective 14.7, which measured “severe complications of pregnancy,” defined as hospitalizations for ICD-9-CM codes 630-676 (excluding 635 and 650).² The data used to track this Healthy People 2010 objective use any listed diagnosis of selected ICD-9-CM codes 641-672; including 641, 666, 642.4-642.7, 648.8, 664.2, 664.3, 664.5, 665.0-665.1, 665.2-665.9, 658.4, 670, 659.2, 659.3, 646.6, 674.1-674.3, 668, 671.3-671.4, 673, 669.0-669.4, 674.8-674.9, 646.7, 643.2, 671.5, 674.0, 648.0, 642.0-642.3, 642.9, 648.5-648.6, 646.2, 672.</p> <p>Principal diagnosis is the diagnosis chiefly responsible for admission of the person to the hospital.</p>

16-5b. (Developmental) Ectopic pregnancies.

Comments:	<p>An operational definition could not be specified at the time of publication.</p> <p>A proposed data source is the National Hospital Discharge Survey (NHDS), CDC, NCHS.</p>
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16-5c. (Developmental) Postpartum complications, including postpartum depression.

Comments:	An operational definition could not be specified at the time of publication.
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Prenatal Care

16-6. Increase the proportion of pregnant women who receive early and adequate prenatal care.

16-6a. Care beginning in first trimester of pregnancy.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Leading Health Indicator:	Access to Care.
Healthy People 2000 Objective:	14.11 (Maternal and Infant Health).
Measure:	Percent of live births.

Baseline:	83 (1998).
Numerator:	Number of females receiving prenatal care in the first trimester (three months) of pregnancy.
Denominator:	Number of live births.
Targeted Population:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>A description of the primary measurement used to determine the fetus's gestational age—the interval between the first day of the last normal menstrual period (LMP) and the birth—has been published by NCHS.¹</p> <p>This objective uses the same measurement protocol as the comparable Healthy People 2000 objective 14.11. A description of the prenatal care measurement has been published by NCHS.²</p> <p>This objective is one of the measures used to track the Access to Care Leading Health Indicator.</p> <p>See Part C for a description of NVSS.</p>

16-6b. Early and adequate prenatal care.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective:	Not applicable.
Measure:	Percent of live births.
Baseline:	74 (1998).
Numerator:	Number of pregnant females receiving adequate prenatal care (by the Adequacy of Prenatal Care Utilization Index, APNCU).
Denominator:	Number of live births.
Targeted Population:	U.S. resident population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>The APNCU is a measure of prenatal care utilization that combines the month of pregnancy prenatal care began with the number of prenatal visits. Rates can be classified as "intensive use," "adequate," "intermediate," or "less than adequate." For this objective, adequate prenatal care is defined as a score of either "adequate" or "intensive use." A discussion of the APNCU has been published in a previous article.³</p> <p>See Part C for a description of NVSS.</p>



Developmental Disabilities and Neural Tube Defects

16-16. Increase the proportion of pregnancies begun with an optimum folic acid level.

16-16a. Consumption of at least 400 µg of folic acid each day from fortified foods or dietary supplements by nonpregnant women aged 15 to 44 years.

National Data Source:	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source:	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
Healthy People 2000 Objective:	Not applicable.
Measure:	Percent.
Baseline:	21 (1991–94).
Numerator:	Number of nonpregnant females aged 15 to 44 years who report consuming an average of 400 µg of folic acid daily over the past month.
Denominator:	Number of nonpregnant females aged 15 to 44 years.
Targeted Population:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1988–94 National Health and Nutrition Examination Survey: Folic acid intake is estimated from questions regarding vitamin intake for specific vitamin brand names and the frequency and duration of use.
Expected Periodicity:	Annual, beginning with 1999 data.
Comments:	For this measure only folic acid intake from dietary supplements is included. Folic acid intake from food was not included. In 1991–94, very few women would have been consuming 400 µg folic acid per day unless they were taking a supplement containing folic acid. The method of calculation of this objective involves averaging the intake of folic acid in the past month. Because the number of days in a month varies, the threshold consumption level used in the calculation of the baseline data for this objective is an average of 394 µg per day.

16-16b. Median red blood cell (RBC) folate level among nonpregnant women aged 15 to 44 years.

National Data Source:	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Not applicable.
Measure:	Number (ng/ml).

Baseline:	160 (1991–94).
Numerator:	Median RBC folate level.
Denominator:	Not applicable.
Targeted Population:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual beginning with 1999 data.
Comments:	The median RBC folate is a population-weighted estimate from a blood specimen collected from women aged 15 to 44 years as part of the standard NHANES protocol.

Prenatal Substance Exposure

16-17. Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.

6-17a. Alcohol.

National Data Source:	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 14.10 (Maternal and Infant Health).
Measure:	Percent.
Baseline:	86 (1996–97).
Numerator:	Number of nonpregnant females, aged 15 to 44 years, reporting not drinking alcohol at all in the past month (30 days).
Denominator:	Number of nonpregnant females aged 15 to 44 years.
Targeted Population:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	From the 1996–97 National Household Survey on Drug Abuse:

➤ *Think about the last time you drank any type of alcoholic beverage. How long has it been since you last drank an alcoholic beverage?*

If you last drank an alcoholic beverage within the past 30 days, mark the first box.

If it has been more than 30 days ago but within the past 12 months that you last drank an alcoholic beverage, mark the second box.

If it was more than 12 months ago but within the past 3 years, mark the third box.

If it has been more than 3 years since you last drank an alcoholic beverage, mark the fourth box.



If you have never drunk an alcoholic beverage in your life, mark the last box.

- *Are you currently pregnant?*

*[If yes:] How many months pregnant are you?
Number of months pregnant _____*

Expected Periodicity: Annual.

Comments: To ensure adequate precision of estimates for pregnant women, baseline data are based on combined data from 1996 and 1997 NHSDAs and represent annual average estimates for 1996 and 1997.

This objective is a measure similar to Healthy People 2000 objective 14.10, which used data from the National Maternal and Infant Health Survey and the National Pregnancy and Health Survey.

16-17b. Binge drinking.

National Data Source: National Household Survey on Drug Abuse (NHSDA), SAMHSA.

State Data Source: Not identified.

Healthy People 2000 Objective: Adapted from 14.10 (Maternal and Infant Health).

Measure: Percent.

Baseline: 99 (1996–97).

Numerator: Number of nonpregnant females aged 15 to 44 years reporting not binge drinking at all in the past month (30 days).

Denominator: Number of nonpregnant females aged 15 to 44 years.

Targeted Population: U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data: From the 1996–97 National Household Survey on Drug Abuse:

- *During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? By “occasion,” we mean at the same time or within a couple of hours of each other. On the solid line, write the number of days in the past 30 days when you drank 5 or more drinks of an alcoholic beverage on the same occasion.*

If you never had 5 or more drinks on the same occasion on any day when you drank during the past 30 days, mark the first box.

If you have never drunk an alcoholic beverage in your life, mark the last box.

- *Are you currently pregnant?*

*[If yes:] How many months pregnant are you?
Number of months pregnant _____*

Expected Periodicity:	Annual.
Comments:	<p>Binge drinking is defined as drinking five or more alcoholic drinks on the same occasion on at least one day in the past 30 days. By “occasion” is meant at the same time or within a couple of hours of each other.</p> <p>To ensure adequate precision of estimates for pregnant women, baseline data are based on combined data from 1996 and 1997 NHSDAs and represent annual average estimates for 1996 and 1997.</p> <p>This objective is adapted from Healthy People 2000 objective 14.10, which measured use of alcohol during pregnancy data from the National Maternal and Infant Health Survey and the National Pregnancy and Health Survey. Binge drinking during pregnancy was not addressed in Healthy People 2000.</p>

16-17c. Cigarette smoking.

National Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source:	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective:	14.10 (Maternal and Infant Health).
Measure:	Percent.
Baseline:	87 (1998) (selected areas—see Comments).
Numerator:	Number of women having live births reporting abstaining from cigarette smoking during pregnancy.
Denominator:	Number of live births.
Targeted Population:	Resident population (selected areas—see Comments).
Questions Used To Obtain the National Data:	<p>From the U.S. Standard Certificate of Live Birth (1989 revision):</p> <p><i>Other risk factors for this pregnancy - Complete all items.</i> [A number of check boxes are provided including...] <i>Tobacco use during pregnancy..... yes</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/> <i>Average number of cigarettes per day</i> _____</p>

Expected Periodicity:	Annual.
Comments:	<p>Baseline data for smoking during pregnancy are for 46 States, the District of Columbia, and New York City. Data on smoking during pregnancy were not available for California, Indiana, New York State (New York City did report), and South Dakota.</p> <p>See Part C for a description of NVSS.</p>

16-17d. Illicit drugs.

National Data Source:	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
State Data Source:	Not identified.



Healthy People 2000 Objective:	Adapted from 14.10 (Maternal and Infant Health).
Measure:	Percent.
Baseline:	98 (1996–97).
Numerator:	Number of nonpregnant females aged 15 to 44 years reporting not using any illicit drugs in the past month (30 days).
Denominator:	Number of nonpregnant females aged 15 to 44 years who were pregnant.
Targeted Population:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	<p>From the 1996–97 National Household Survey on Drug Abuse:</p> <p>[The following question is asked separately for each illicit drug: marijuana or hashish, cocaine, “crack,” heroin, hallucinogens, and inhalants:]</p> <ul style="list-style-type: none"> ➤ <i>How long has it been since you last used [marijuana or hashish, cocaine, “crack,” heroin, hallucinogens, inhalants]? If your answer is within the past 30 days, mark the first box. If your answer is more than 30 days ago but within the past 12 months, mark the second box. If your answer is more than 12 months ago but within the past 3 years, mark the third box. If your answer is more than 3 years ago, mark the next-to-last box. If you have never used (marijuana or hashish, cocaine, “crack,” heroin, hallucinogens, inhalants) in your life, mark the last box.</i> <p>[The following questions are asked separately for nonmedical use of analgesics (prescription pain killers), tranquilizers, stimulants, and sedatives:]</p> <ul style="list-style-type: none"> ➤ <i>As you read the following list of (prescription pain killers, tranquilizers, stimulants, sedatives), please mark one box beside each (pain killer, tranquilizers, stimulants, sedatives) to indicate whether you have ever used that (pain killer, tranquilizers, stimulants, sedatives) when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of (prescription pain killers, tranquilizers, stimulants, sedatives), in pill or nonpill form.</i> <p>[This question is followed by a list of common drugs in the category specified and the following additional questions:]</p> <ul style="list-style-type: none"> ➤ <i>Have you ever used a (pain killer, tranquilizers, stimulants, sedatives) whose name you don’t know that was not prescribed for you, or that you took only for the experience or feeling it caused? If “YES,” mark the first box; if “NO,” mark the second box.</i> ➤ <i>Have you ever used any other (pain killer, tranquilizers, stimulants, sedatives) besides the ones listed above, that was not prescribed for you, or that you took only for the experience</i>

or feeling it caused? PLEASE PRINT NAME(S) OF OTHER [PAIN KILLERS, TRANQUILIZERS, STIMULANTS, SEDATIVES] BELOW. If "YES," mark the first box; if "NO," mark the second box.

[If the respondent reported use of any (pain killer, tranquilizers, stimulants, sedatives) they are asked:]

- How long has it been since you last used (a pain killer, tranquilizers, stimulants, sedatives) that was not prescribed for you, or that you took only for the experience or feeling it caused?

If your answer is within the past 30 days, mark the first box.

If your answer is more than 30 days ago but within the past 12 months, mark the second box.

If your answer is more than 12 months ago but within the past 3 years, mark the third box.

If your answer is more than 3 years ago, mark the next-to-last box.

- Are you currently pregnant?

[If "yes":] How many months pregnant are you?

Number of months pregnant _____

Expected Periodicity: Annual.

Comments: Illicit drugs are defined as marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, and nonmedical use of psychotherapeutics.

To ensure adequate precision of estimates for pregnant women, baseline data are based on combined data from 1996 and 1997 NHSDAs and represent annual average estimates for 1996 and 1997.

This objective is adapted from Healthy People 2000 objective 14.10, which tracked abstinence from marijuana and cocaine use during pregnancy with data from the National Maternal and Infant Health Survey and the National Pregnancy and Health Survey. The Healthy People 2010 objective measures abstinence from any illicit drug.

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Nutrition and Overweight

Iron Deficiency and Anemia

19-12. Iron deficiency in young children and in females of childbearing age

19-12a. Children aged 1 to 2 years

19-12b. Children aged 3 to 4 years

19-12c. Nonpregnant females aged 12 to 49 years

19-13. Anemia in low-income pregnant females

19-14. Iron deficiency in pregnant females

Iron Deficiency and Anemia

19-12. Reduce iron deficiency among young children and females of childbearing age.

19-12a. Children aged 1 to 2 years.

National Data Source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

State Data Source: Not identified (see Comments).

Healthy People 2000 Objective: Adapted from 2.10 (Nutrition).

Measure: Percent.

Baseline: 9 (1988–94).

Numerator: Number of children aged 1 to 2 years with abnormal results for two or more of the following tests: serum ferritin, free erythrocyte protoporphyrin, or transferrin saturation.^{1, 2}

Denominator: Number of children in the survey population aged 1 to 2 years.

Population Targeted: U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data: Not applicable.

Expected Periodicity: Annual, beginning with 1999 data.

Comments: Blood was collected by phlebotomy. Transferrin saturation was calculated by dividing serum iron by total iron binding capacity. Serum iron and total iron binding capacity were measured colorimetrically (by Alpkem RFA analyzer, Clackamas, OR), and 1 percent thiourea was added to complex copper to prevent copper interference.³ Free erythrocyte protoporphyrin was measured via fluorescence extraction,⁴ and serum ferritin was measured with the BioRad Quantimmune IRMA kit (BioRad Laboratories, Hercules, CA).



Iron deficiency is defined as abnormal results for two or more of the following tests: serum ferritin, free erythrocyte protoporphyrin, or transferrin saturation. The basis of the use for two of three abnormal tests was the finding that populations with only one abnormal test of these three had scarcely more anemia than those with all normal test results. The prevalence of anemia was substantially elevated in those who had two or three abnormal tests.^{2, 5} The selection of threshold values for abnormal results were based on those derived for the previous NHANES (1976–80) by an expert panel,^{2, 6} except where (1) evidence existed for changes in assay methods or in changes in other confounding factors like blood lead; and (2) an evaluation of the iron status indicator distribution in a reference group of healthy persons from the 1988–94 NHANES supported a change in the 1976–80 NHANES thresholds.¹

Threshold values for abnormal results on iron tests vary by age. Abnormal values for serum ferritin concentration are defined as less than 10 µg/L for children aged 1 to 4 years and less than 12 µg/L for females aged 12 to 49 years. Abnormal values for free erythrocyte protoporphyrin are greater than 1.42 µmol/L for children aged 1 to 2 years (80 µg/dL of red blood cells), and greater than 1.24 µmol/L (70 µg/dL of red blood cells) for other persons. Abnormal values for transferrin saturation are less than 10 percent for children aged 1 to 2 years, less than 12 percent for children aged 3 to 4 years, less than 14 percent for females aged 12 to 15 years, and less than 15 percent for females aged 16 years and older.

The terms anemia, iron deficiency, and iron deficiency anemia are often used interchangeably, but are not equivalent. Anemia can be caused by many factors other than iron deficiency, including other nutrient deficiencies, infection, inflammation, and hereditary anemias. When the prevalence of iron deficiency is high, such as during the third trimester of pregnancy, anemia is a good predictor of iron deficiency. When the prevalence of iron deficiency is low, such as among white, non-Hispanic children aged 3 to 4 years in the United States, the majority of anemia is due to other causes.

No comparable data source is available to measure iron deficiency at the State level. The Pediatric Nutrition Surveillance System is used to monitor the percent of anemia (low hemoglobin or hematocrit) among low-income children aged 1 to 4 years participating in public health programs.

Anemia is used for monitoring risk of iron deficiency at the State and local levels because of its cost and feasibility for use in the clinic setting. Changes in the prevalence of anemia over time at the State and local levels can be used to evaluate the effectiveness of programs to decrease the prevalence iron deficiency.

This objective differs from Healthy People 2000 objective 2.10, which defined iron deficiency as abnormal results for two or more of the following tests: mean cell volume, free erythrocyte protoporphyrin, and transferrin saturation. For Healthy People

2010 objective 19-12, serum ferritin replaces mean cell volume in the definition of iron deficiency. Serum ferritin is a more sensitive measure of iron deficiency.⁷

19-12b. Children aged 3 to 4 years.

National Data Source:	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source:	Not identified (see Comments).
Healthy People 2000 Objective:	Adapted from 2.10 (Nutrition).
Measure:	Percent.
Baseline:	4 (1988–94).
Numerator:	Number of children aged 3 to 4 years with abnormal results for two or more of the following tests: serum ferritin, free erythrocyte protoporphyrin, or transferrin saturation. ^{1, 2}
Denominator:	Number of children in the survey population aged 3 to 4 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual, beginning with 1999 data.
Comments:	See Comments provided with objective 19-12a for more information on the measurement of this objective.

19-12c. Nonpregnant females aged 12 to 49 years.

National Data Source:	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 2.10 (Nutrition).
Measure:	Percent.
Baseline:	11 (1988–94).
Numerator:	Number of females aged 12 to 49 years with abnormal results for two or more of the following tests: serum ferritin, free erythrocyte protoporphyrin, or transferrin saturation. ^{1, 2}
Denominator:	Number of females in the survey population aged 12 to 49 years.
Population Targeted:	U.S. civilian noninstitutionalized population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual, beginning with 1999 data.
Comments:	See Comments provided with objective 19-12a for more information on the measurement of this objective.



19-13. Reduce anemia among low-income pregnant females in their third trimester.

National Data Source: Pregnancy Nutrition Surveillance System (PNSS), CDC, NCCDPHP.

State Data Source: State Pregnancy Nutrition Surveillance System (PNSS), CDC, NCCDPHP.

Healthy People 2000 Objective: Adapted from 2.10e (Nutrition).

Measure: Percent.

Baseline: 29 (1996) (Selected sites—see Comments).

Numerator: Number of pregnant females participating in public programs in their third trimester with abnormal results for either hemoglobin (less than 11 g/dL) or hematocrit (less than 33 percent).⁸

Denominator: Number of pregnant females participating in public programs in their third trimester.

Population Targeted: Selected sites—see Comments.

Questions Used To Obtain the National Data: Not applicable.

Expected Periodicity: Annual.

Comments: PNSS is used to monitor anemia among low-income women participating in public health programs. In 1996, 21 States, the District of Columbia, and two Tribal governments participated.^{8, 9} The threshold for anemia during pregnancy is based on clinical studies of European women who had taken iron supplementation during pregnancy.^{10, 11, 12, 13, 14} This threshold is advocated by CDC⁸ and the World Health Organization.¹⁵

See the Comments section with iron deficiency objective 19-12 for a discussion of the differences between iron deficiency and anemia. Nationally representative data are unavailable for monitoring the percent of iron deficiency during pregnancy.

This objective differs from Healthy People 2000 objective 2.10e, which targeted black, low-income pregnant females only.

19-14. (Developmental) Reduce iron deficiency among pregnant females.

Comments: An operational definition could not be specified at the time of publication.

A proposed national data source is the National Health and Nutrition Examination Survey (NHANES).

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Sexually Transmitted Diseases

Bacterial STD Illness and Disability

- 25-1. Chlamydia
- 25-1a. Females aged 15 to 24 years attending family planning clinics
- 25-1b. Females aged 15 to 24 years attending STD clinics
- 25-1c. Males aged 15 to 24 years attending STD clinics
- 25-2. Gonorrhea
- 25-3. Primary and secondary syphilis

Viral STD Illness and Disability

- 25-4. Genital herpes
- 25-5. Human papillomavirus infection

STD Complications Affecting Females

- 25-6. Pelvic inflammatory disease (PID)
- 25-7. Fertility problems
- 25-8. Heterosexually transmitted HIV infection in women

STD Complications Affecting the Fetus and Newborn

- 25-9. Congenital syphilis
- 25-10. Neonatal STDs

Personal Behaviors

- 25-11. Responsible adolescent sexual behavior
- 25-12. Responsible sexual behavior messages on television

Community Protection Infrastructure

- 25-13. Hepatitis B vaccine services in STD clinics
- 25-14. Screening in youth detention facilities and jails
- 25-15. Contracts to treat nonplan partners of STD patients

Personal Health Services

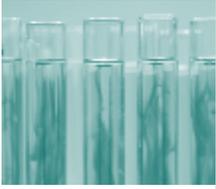
- 25-16. Annual screening for genital chlamydia
- 25-17. Screening of pregnant women
- 25-18. Compliance with recognized STD treatment standards
- 25-19. Provider referral services for sex partners

Bacterial STD Illness and Disability

- 25-1. Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.

- 25-1a. Females aged 15 to 24 years attending family planning clinics.

National Data Source: STD Surveillance System (STDSS), CDC, NCHSTP.



State Data Sources:	State and local Health Department STD Control Programs and Regional Infertility Prevention Programs.
Healthy People 2000 Objective:	Adapted from 19.2 (Sexually Transmitted Diseases).
Measure:	Percent.
Baseline:	5.0 (1997).
Numerator:	Number of positive tests among women aged 15 to 24 years who attended family planning clinics in the past 12 months.
Denominator:	Number tests administered (unsatisfactory tests, indeterminate or inconclusive results, or inadequate specimens are excluded) among women aged 15 to 24 years who attended family planning clinics in the past 12 months.
Population Targeted:	U.S. civilian population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>A case definition for <i>Chlamydia trachomatis</i> is provided by CDC.¹</p> <p>Data are collected from Regional Infertility Prevention Program laboratory reports.</p> <p>This measure tracks only tests that are specific for <i>Chlamydia trachomatis</i> infection. The number of positive cases is based on test results from persons routinely screened. Routine screening is defined by each clinic. In some clinics, all patients are universally screened. In others, routine screening is done selectively based on clinical findings or behavioral risk factors.</p> <p>A minimum of 500 valid test results by gender and subpopulation is recommended to derive reliable estimates for this measure. Some clinics may not collect all U.S. Census-defined race and/or ethnicity data categories.</p> <p>Data for this measure are also included in the annual STD Surveillance Report.²</p> <p>This measure is a modification of Healthy People 2000 objective 19.2, which tracked percent positivity in women under age 25 years who attended family planning clinics. This measure tracks percent positivity among women aged 15 to 24 years who attended family planning clinics.</p> <p>See Part C for a description of STDSS.</p>

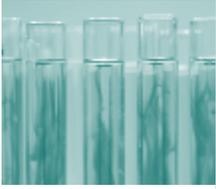
25-1b. Females aged 15 to 24 years attending STD clinics.

National Data Source:	STD Surveillance System (STDSS), CDC, NCHSTP.
State Data Sources:	State and local Health Department STD Control Programs and Regional Infertility Prevention Programs.
Healthy People 2000 Objective:	Adapted from 19.2 (Sexually Transmitted Diseases).

Measure:	Percent.
Baseline:	12.2 (1997).
Numerator:	Number of positive tests among women aged 15 to 24 years who attended STD clinics in the past 12 months.
Denominator:	Number of tests administered (unsatisfactory tests, indeterminate or inconclusive results, or inadequate specimens are excluded) to women aged 15 to 24 years who attended STD clinics in the past 12 months.
Population Targeted:	U.S. civilian population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>A case definition for <i>Chlamydia trachomatis</i> is provided by CDC.¹</p> <p>Data are collected from Regional Infertility Prevention Program laboratory reports.</p> <p>This measure tracks only tests that are specific for <i>Chlamydia trachomatis</i> infection. The number of positive cases is based on test results from persons routinely screened. Routine screening is defined by each clinic. In some clinics, all patients are universally screened. In others, routine screening is done selectively based on clinical findings or behavioral risk factors.</p> <p>A minimum of 500 valid test results by gender and subpopulation is recommended to derive reliable estimates for this measure. Some clinics may not collect all U.S. Census-defined race and/or ethnicity data categories.</p> <p>Data for this measure are also included in the annual STD Surveillance Report.²</p> <p>This measure is a modification of Healthy People 2000 objective 19.2, which tracked percent positivity in women under age 25 years who attended family planning clinics. This measure expands upon the Healthy People 2000 measure and tracks percent positivity among women aged 15 to 24 years who attended STD clinics.</p> <p>See Part C for a description of STDSS.</p>

25-1c. Males aged 15 to 24 years attending STD clinics.

National Data Source:	STD Surveillance System (STDSS), CDC, NCHSTP.
State Data Source:	State and local Health Department STD Control Programs.
Healthy People 2000 Objective:	Adapted from 19.2 (Sexually Transmitted Diseases).
Measure:	Percent.
Baseline:	15.7 (1997).



Numerator:	Number of positive tests among men aged 15 to 24 years who attended STD clinics in the past 12 months.
Denominator:	Number tests administered (unsatisfactory tests, indeterminate or inconclusive results, or inadequate specimens are excluded) among men aged 15 to 24 years who attended STD clinics in the past 12 months.
Population Targeted:	U.S. civilian population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>A case definition for <i>Chlamydia trachomatis</i> is provided by CDC.¹</p> <p>Data are collected from Regional Infertility Prevention Program laboratory reports.</p> <p>This measure tracks only tests that are specific for <i>Chlamydia trachomatis</i> infection. The number of positive cases is based on test results from persons routinely screened. Routine screening is defined by each clinic. In some clinics, all patients are universally screened. In others, routine screening is done selectively based on clinical findings or behavioral risk factors.</p> <p>A minimum of 500 valid test results by gender and subpopulation is recommended to derive reliable estimates for this measure. Some clinics may not collect all U.S. Census-defined race and/or ethnicity data categories.</p> <p>Data for this measure are also included in the annual STD Surveillance Report.²</p> <p>This measure is a modification of Healthy People 2000 objective 19.2, which tracked percent positivity in women under age 25 years who attended family planning clinics. This measure expands the Healthy People 2000 measure and tracks percent positivity among men aged 15 to 24 years who attended STD clinics.</p> <p>See Part C for a description of STDSS.</p>

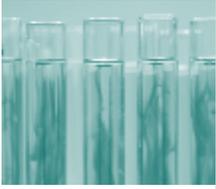
25-2. Reduce gonorrhea.

National Data Source:	STD Surveillance System (STDSS), CDC, NCHSTP.
State Data Source:	State and local Health Department STD Control Programs.
Healthy People 2000 Objective:	19.1 (Sexually Transmitted Diseases).
Measure:	Rate per 100,000 population.
Baseline:	123 (1997).

Numerator:	Number of new reported cases of gonorrhea in the past 12 months.
Denominator:	Number of persons.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Report of Civilian Cases of Primary and Secondary Syphilis, Gonorrhea, and Chlamydia by Reporting Source, Sex, Race/Ethnicity, and Group, Form 73.2638, Rev. 01/96.
Expected Periodicity:	Annual.
Comments:	In most instances, if age or race/ethnicity was not specified, cases were allocated according to the distribution of cases for which these variables were specified. In 1998, New Jersey and Idaho did not report race/ethnicity for most cases and were excluded. Data for this measure are also included in the annual STD Surveillance Report. ² See Part C for a description of STDSS.

25-3. Eliminate sustained domestic transmission of primary and secondary syphilis.

National Data Source:	STD Surveillance System (STDSS), CDC, NCHSTP.
State Data Source:	State and local Health Department STD Control Programs.
Healthy People 2000 Objective:	19.3 (Sexually Transmitted Diseases).
Measure:	Rate per 100,000 population.
Baseline:	3.2 (1997).
Numerator:	Number of new reported cases of primary and secondary syphilis in the past 12 months.
Denominator:	Number of persons.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Report of Civilian Cases of Primary and Secondary Syphilis, Gonorrhea, and Chlamydia by Reporting Source, Sex, Race/Ethnicity, and Group, Form 73.2638, Rev. 01/96.
Expected Periodicity:	Annual.
Comments:	Data are collected using Form 2638 from CDC. In most instances, if age or race/ethnicity was not specified, cases were allocated according to the distribution of cases for which these variables were specified. Data for this measure are also included in the annual STD Surveillance Report. ² See Part C for a description of STDSS.



Viral STD Illness and Disability

25-4. Reduce the proportion of adults with genital herpes infection.

National Data Source:	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 19.5 (Sexually Transmitted Diseases).
Measure:	Percent.
Baseline:	17 (1988–94).
Numerator:	Number of adults aged 20 to 29 years with a positive result from a herpes simplex virus, type 2 (HSV-2) laboratory test.
Denominator:	Number of adults aged 20 to 29 years.
Population Targeted:	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual beginning with 1999 data.
Comments:	A case definition for genital herpes is provided by CDC. ¹

This measure is a modification of Healthy People 2000 objective 19.5, which tracked the number of first-time visits to physicians' offices for genital herpes, as measured by the National Disease and Therapeutic Index, IMS America, Ltd. This measure tracks the proportion of persons aged 20 to 29 years with a positive laboratory test result for herpes simplex virus, type 2, as measured by NHANES.

25-5. (Developmental) Reduce the proportion of persons with human papillomavirus (HPV) infection.

Comments:	An operational definition could not be specified at the time of publication.
	The proposed national data source is the National Health and Nutrition Examination Survey (NHANES), CDC, NCHS. A reduction in the number of HPV cases will minimize the prevalence of subtypes 16 and 18 and other subtypes associated with cervical cancer in persons aged 15 to 44 years.
	This objective is modified from Healthy People 2000 objective 19.5, which tracked the number of first-time consultations for genital warts.

STD Complications Affecting Females

25-6. Reduce the proportion of females who have ever required treatment for pelvic inflammatory disease (PID).

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Adapted from 19.6 (Sexually Transmitted Diseases).
Measure:	Percent.
Baseline:	8 (1995).
Numerator:	Number of females aged 15 to 44 years who reported ever requiring treatment for PID.
Denominator:	Number of females aged 15 to 44 years.
Population Targeted:	U.S. civilian population.
Questions Used To Obtain the National Data:	From the 1995 National Survey of Family Growth:

- *Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?*

Expected Periodicity: Periodic.

Comments: There are no reliable national surveillance systems that measure women requiring treatment for PID. This measure, based on data from NSFG, is used as a proxy for this objective.

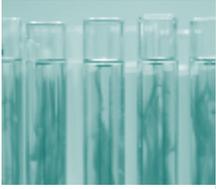
PID is a subjective diagnosis made by physicians. Laparoscopy is required for a definitive diagnosis of PID. The data from the NSFG are self-reported and therefore may not be accurate, particularly due to the unknown prevalence of asymptomatic or subclinical PID.

This measure is a modification of Healthy People 2000 objective 19.6, which tracked the number of hospitalizations due to PID, as measured by the National Hospital Discharge Survey (NHDS), CDC, NCHS. This measure tracks the number of women aged 15 to 44 years who report ever requiring treatment for PID.

See Part C for a description of NSFG.

25-7. Reduce the proportion of childless females with fertility problems who have had a sexually transmitted disease or who have required treatment for pelvic inflammatory disease (PID).

National Data Source:	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source:	Not identified.
Healthy People 2000 Objective:	Not applicable.



Measure:	Percent.
Baseline:	27 (1995).
Numerator:	Number of childless females aged 15 to 44 years with fertility problems who report history of STD or PID.
Denominator:	Number of females aged 15 to 44 years who are childless and have fertility problems.
Population Targeted:	U.S. civilian population.
Questions Used To Obtain the National Data:	<p>From the 1995 National Survey of Family Growth:</p> <p>[NUMERATOR:]</p> <ul style="list-style-type: none"> ➤ <i>Has a doctor or other medical care provider ever told you that you had:</i> <i>genital warts?</i> <i>gonorrhea?</i> <i>syphilis?</i> <i>genital herpes?</i> ➤ <i>Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?</i> <p>[Following a series of questions to ALL respondents that address pregnancy, contraceptive use and periods of no sexual activity:]</p> <p>[DENOMINATOR:]</p> <ul style="list-style-type: none"> ➤ <i>Have you ever had both your tubes tied, cut, or removed? This procedure is often called a tubal ligation.</i> ➤ <i>Have you ever had a hysterectomy, that is, surgery to remove your uterus?</i> ➤ <i>Have you ever had both your ovaries removed?</i> ➤ <i>Have you ever had any other operation that makes it impossible for you to have another baby?</i> ➤ <i>As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?</i> ➤ <i>Has (name of husband/partner) ever had a vasectomy or any other operation that would make it impossible to father a baby in the future?</i> <p>[Nonsurgically sterile respondents are those who have not reported any operations for themselves, or if they are married or cohabiting, for their husbands/partners.] [For respondents who are nonsurgically sterile:]</p> <ul style="list-style-type: none"> ➤ <i>Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have a baby?</i>

- *What about (name of husband/partner)? As far as you know, is it physically impossible for him to father a baby in the future?*

[If it is physically possible:]

- *Some women are physically able to have a baby, but have difficulty getting pregnant or carrying a baby to term. As far as you know, would you, yourself, have any difficulty getting pregnant or carrying a baby to term?*
- *As far as you know, does (name of male partner) have any difficulty fathering a baby?*
- *At any time has a medical doctor ever advised you to never become pregnant (again)?*

Expected Periodicity: Periodic.

Comments: Women are classified as childless if they have not given birth to a child and have not had a sterilizing operation.

Fertility problems refer to the standard medical definitions of infertility (have not used contraception and have not become pregnant for 12 months or more) or impaired fecundity (women reporting no sterilizing operation and are classified as those who find it difficult or impossible to get pregnant or carry a baby to term).

Respondents are considered to have fertility problems if they report that neither they or their husband/partner has had a sterilizing operation or any one of the following:

(1) she and her husband/partner are nonsurgically sterile and it is physically impossible for her to get pregnant or carry a baby to term or for her husband to father a baby.

(2) it is physically difficult for her to get pregnant or carry a baby to term or for her husband/partner to father a baby.

(3) she has been advised by a doctor (for health reasons) not to become pregnant.

(4) she and her husband/partner have reported sexual activity without contraception for at least 12 consecutive months and have had no pregnancies in that time period.

See Part C for a description of NSFG.

25-8. (Developmental) Reduce HIV infections in adolescent and young adult females aged 13 to 24 years that are associated with heterosexual contact.

Comments: An operational definition could not be specified at the time of publication.

The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.



STD Complications Affecting the Fetus and Newborn

25-9. Reduce congenital syphilis.

National Data Sources:	STD Surveillance System (STDSS), CDC, NCHSTP; National Vital Statistics System (NVSS), CDC, NCHS.
State Data Sources:	State and local Health Department STD Control Programs; State and Local Vital Statistics.
Healthy People 2000 Objective:	19.4 (Sexually Transmitted Diseases).
Measure:	Rate per 100,000 live births.
Baseline:	27 (1997).
Numerator:	Number of new reported cases of congenital syphilis in the past 12 months.
Denominator:	Number of live births.
Population Targeted:	U.S. resident population.
Questions Used To Obtain the National Data:	CDC Congenital Syphilis (CS) Case Investigation and Report, Form 73.126, Rev. 09/91.
Expected Periodicity:	Annual.
Comments:	Less than 5 percent of cases have missing race/ethnicity data and were excluded from the baseline estimate. Data for this measure are also included in the annual STD Surveillance Report. ² See Part C for a description of STDSS.

25-10. (Developmental) Reduce neonatal consequences from maternal sexually transmitted diseases, including chlamydial pneumonia, gonococcal and chlamydial ophthalmia neonatorum, laryngeal papillomatosis (from human papillomavirus infection), neonatal herpes, and preterm birth and low birth weight associated with bacterial vaginosis.

Comments:	An operational definition could not be specified at the time of publication. The proposed national data source is the STD Surveillance System (STDSS), CDC, NCHSTP.
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Personal Behaviors

25-11. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

National Data Source:	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
State Data Source:	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
Healthy People 2000 Objective:	Adapted from 5.5 and 5.6 (Family Planning) (also 18.15 and 19.16).

Leading Health Indicator:	Responsible Sexual Behavior.
Measure:	Percent.
Baseline:	85 (1999).
Numerator:	Number of students in grades 9 through 12 who report that they have never had sexual intercourse; or who have had sexual intercourse, but not in the past 3 months; or who have had sexual intercourse in the past 3 months but used a condom at last sexual intercourse.
Denominator:	Number of students in grades 9 through 12.
Population Targeted:	Students in grades 9 through 12.
Questions Used To Obtain the National Data:	<p>From the 1999 Youth Risk Behavior Surveillance System:</p> <ul style="list-style-type: none"> ➤ <i>Have you ever had sexual intercourse?</i> ➤ <i>During the past three months, with how many people have you had sexual intercourse?</i> <ul style="list-style-type: none"> <i>I have never had sexual intercourse</i> <i>I have had sexual intercourse, but not in the past 3 months</i> <i>1 person</i> <i>2 people</i> <i>3 people</i> <i>4 people</i> <i>5 people</i> <i>6 or more people</i> ➤ <i>The last time you had sexual intercourse, did you or your partner use a condom?</i> <ul style="list-style-type: none"> <i>I have never had sexual intercourse</i> <i>yes</i> <i>no</i>
Expected Periodicity:	Biennial.
Comments:	<p>This measure is a modification of Healthy People 2000 objectives 5.5 and 5.6, which tracked the proportion of sexually active in-school adolescents in grades 9 through 12 that abstained from sexual intercourse in the past 3 months and used contraception at most recent intercourse, respectively. This measure tracks the proportion of adolescents in grades 9 through 12 who have never had sexual intercourse; <u>or</u> who have had sexual intercourse, but not in the past 3 months; <u>or</u> have had sexual intercourse in the past 3 months but used a condom at last sexual intercourse.</p> <p>This objective is one of the measures used to track the Responsible Sexual Behavior Leading Health Indicator.</p>



25-12. (Developmental) Increase the number of positive messages related to responsible sexual behavior during weekday and nightly prime-time television programming.

Comments: An operational definition could not be specified at the time of publication.

The proposed national data source is CDC, NCHSTP.

Responsible sexual behavior includes abstinence, delaying sexual intercourse, or using condoms.

Community Protection Infrastructure

25-13. Increase the proportion of Tribal, State, and local sexually transmitted disease programs that routinely offer hepatitis B vaccines to all STD clients.

National Data Source: Survey of STD Programs, National Coalition of STD Directors (NCSD).

State Data Source: Survey of STD Programs, National Coalition of STD Directors (NCSD).

Healthy People 2000 Objective: Not applicable.

Measure: Percent.

Baseline: 5 (1998).

Numerator: Number of State and local STD clinics that reported all clients are eligible to receive the hepatitis B vaccine.

Denominator: Number of STD programs (free-standing facilities with the capacity to diagnose and treat STDs).

Questions Used to Obtain the National Data: From the 1998 Survey of STD Programs:

- *Who is eligible for the hepatitis B vaccine in STD clinics?*

Expected Periodicity: Periodic.

Comments: This measure tracks the proportion of programs that offer hepatitis B vaccines to clients in accordance with CDC guidelines.³

The numerator is the number of facilities that report “hepatitis vaccines are offered to all clients” to the question listed above.

The Survey of STD Programs is a national convenience sample of free-standing facilities with the capacity to diagnose and treat STDs.

Data for Tribes are developmental. The proposed national data source is the Indian Health Service (IHS).

25-14. (Developmental) Increase the proportion of youth detention facilities and adult city or county jails that screen for common bacterial sexually transmitted diseases within 24 hours of admission and treat STDs (when necessary) before persons are released.

Comments: An operational definition could not be specified at the time of publication.

The proposed national data source is the Annual Survey of Correctional Facilities, CDC, NCHSTP and National Institute of Justice; U.S. Department of Justice, U.S. Bureau of Justice Statistics.

25-15. (Developmental) Increase the proportion of all local health departments that have contracts with managed care providers for the treatment of nonplan partners of patients with bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia).

Comments: An operational definition could not be specified at the time of publication.

The proposed national data source is the Survey of STD Programs, National Coalition of STD Directors (NCSDD).

This objective is modified from Healthy People 2000 objective 19.15, which tracked partner notification of exposure to sexually transmitted by patients with bacterial STDs using the STDSS.

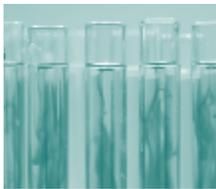
Personal Health Services

25-16. (Developmental) Increase the proportion of sexually active females aged 25 years and under who are screened annually for genital chlamydia infections.

Comments: An operational definition could not be specified at the time of publication.

The proposed national data sources are the Office on Population Affairs (OPA) data reported in Family Planning Annual Report and the STD Surveillance System (STDSS), CDC, NCHSTP.

Primary health care centers include: family planning clinics, community health centers, university health services, Department of Defense health clinics for active duty military, and managed care plans.



25-17. (Developmental) Increase the proportion of pregnant females screened for sexually transmitted diseases (including HIV infection and bacterial vaginosis) during prenatal health care visits, according to recognized standards.

Comments:

An operational definition could not be specified at the time of publication.

The proposed measure is the percent of pregnant females screened for STDs in community health centers, and the proposed data sources are the Department of Defense health clinics for active duty military, and managed care plans data from the STD Surveillance System (STDSS), CDC, NCHSTP.

Recognized standards are the most recent edition of the *Guide to Clinical Preventive Services*.⁴

25-18. Increase the proportion of primary care providers who treat patients with sexually transmitted diseases and who manage cases according to recognized standards.

Comments:

An operational definition was not specified at the time of publication.

The national data source for the 1998 baseline is the National Disease and Therapeutic Index (NDTI), IMS America. The proposed tracking source is the National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

This objective is modified from Healthy People 2000 objective 19.13, which tracked correct management of sexually transmitted disease cases by primary care providers using the NDTI.

25-19. (Developmental) Increase the proportion of sexually transmitted disease clinic patients who are being treated for bacterial STDs (chlamydia, gonorrhea, and syphilis) and who are offered provider referral services for their sex partners.

Comments:

An operational definition could not be specified at the time of publication.

The proposed national data source is STD Surveillance System (STDSS), CDC, NCHSTP.

Provider referral (previously called contact tracing) is the process whereby health department personnel directly and confidentially notify the sexual partners of infected individuals of their exposure to a sexually transmitted disease for the purposes of education, counseling, and referral to health care services.

This objective is modified from Healthy People 2000 objective 19.15, which tracked partner notification of exposure to sexually transmitted diseases by patients with bacterial STDs using STDSS.

References

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3. CDC. Hepatitis B virus: A comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *Morbidity and Mortality Weekly Report* 40 (RR-13): 1-20, 1991.
4. U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services*. 2nd ed. Washington, DC: HHS, 1995.

Substance Abuse

Treatment for Substance Abuse

26-20 Treatment for injection drug use

Treatment for Substance Abuse

26-20. Increase the number of admissions to substance abuse treatment for injection drug use.

National Data Source:	Treatment Episodes Data System (TEDS), SAMHSA, OAS.
State Data Source:	State administrative data.
Healthy People 2000 Objective:	Not applicable.
Measure:	Number.
Baseline:	167,960 (1997).
Numerator:	Number of admissions for injection drug use in substance abuse treatment programs.
Denominator:	Not applicable.
Population Targeted:	Public and private nonprofit substance abuse treatment program population.
Questions Used To Obtain the National Data:	Not applicable.
Expected Periodicity:	Annual.
Comments:	<p>TEDS data are not based on a statistical data collection system. TEDS data are continuously submitted to SAMHSA by States from their administrative data systems. The States collect data from substance abuse treatment providers, primarily from publicly-funded treatment programs. Each State uses its own form for collecting information on substance abuse admissions. When data are submitted to SAMHSA, data are matched to the core variables contained in TEDS. There is a considerable time lag between the date of admission and when SAMHSA receives data from each State.</p> <p>SAMHSA publishes data in tabular form in an annual report.</p>